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WILLIAM S. EDGAR, M. D.
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Medical and Surgical Journal.

JULY, 1877.

Original Communications.

DIASTASIS OF THE STERNUM BY THE VIOLENT ACTION OF THE DIAPHRAGM DURING COUGHING.

By F. J. LUTZ, A. M., M. D.

[Read before the St. Louis Medical Society]

The sternum consists, in the adult, of three parts: The manubrium, the gladiolus, and the ensiform or xiphoid cartilage.

Before M. Maisonneuve published his paper on "Luxations of the Sternum" in 1844, it had been held that the manubrium and gladiolus were united by a single piece of symphysial cartilage. M. M—— first described two distinct kinds of joint between them: the amphiarthroidal and the diarthroidal. In the amphiarthroidal joint there is a single piece of true fibro-cartilage uniting the segments, more thin and friable in the centre than at the periphery. In the diarthroidal each bone is clothed with a distinct lamina of cartilage, adherent on one side, free on the other; and the cartilage belonging to the glad-

iolus is continued without interruption on to the facets for the cartilages of the second ribs. The spur of the second costal cartilage is joined to the manubrial layer, thus shutting out the articulation formed between the upper facet of the second costal cartilage and the manubrium from the true sternal joint, whilst the lower chondro-sternal articulation is continuous with it.

M. Maisonneuve has also very accurately described the layers of periosteum clothing the anterior and posterior aspects of the sternum.

The anterior coat is described by him as thicker than the posterior, strongly adherent to the bone and forming a sort of felt, possessing a great power of resistance, especially in the transverse direction, whilst the posterior layer is composed of longitudinal fibres adherent but slightly to the chondro-sternal articulations.

Gray tells us that osseous union between the first and second parts of the sternum rarely takes place except in very advanced age. Rivington, however, found in 100 cases examined by him, no trace of ossification in the diarthroidal joint at any age, whereas, the amphiarthroidal form was subject to ossification at a comparatively early period. Brinton (*American Journal Medical Sciences*, volume LIX) who examined thirty cases with a view to determine the nature of the articulation between the manubrium and the body of the sternum, found mobility and elasticity in twenty-seven, and ossification in three cases.

It is also a well known anatomical fact that the sternum forms an arch with its highest point at or near the junction of the manubrium and gladiolus. This arch Dr. Moore of London has found to be increased in cases of emphysema of the lungs; he has also found the joint weakened, sometimes ossified.

After premising these anatomical remarks, let us approach the subject proper of our paper.

Fractures of the sternum, as of other bones, are gen-

erally produced by *external violence*, and although relatively of comparative rarity, owing to the elasticity of the ribs and their cartilages upon which it rests and to the softness of its structure, yet our works on surgery and the periodicals contain the records of numerous cases due to this cause.

It must, however, be remembered that a great many cases of *fracture* of the sternum, partake rather of the nature of a dislocation, or of a *diastasis*, because, as we have seen above, osseous union between the two first segments of the sternum is deferred to a very advanced period of life, and persons of advanced years are not so much exposed as those who are in the prime of life. Nevertheless, practically, such a distinction can be of little consequence.

Muscular action is very rarely a cause of fracture in other bones, although well authenticated cases of fractures of the clavicle, the humerus, the femur and the ribs are recorded; yet a fracture or a diastasis of the sternum, due to this cause, must be considered a surgical curiosity. The literature on this subject is very scanty indeed, and from the few cases recorded, as well as from the anatomy of the parts, it appears that the fracture is usually a transverse one and that it occurs most frequently during *labor*. Thus Chaussier reported to the Royal Academy of Sciences a case of transverse fracture of the sternum in a woman aged twenty-five years produced during labor by the simultaneous contraction of the sterno-pubic and sterno-mastoid muscles. The patient died at the end of fifteen days. M. Chaussier has seen but two similar cases during the twenty years that he has been physician to the Maternité. (*Annales de la Faculté de Médecine de Paris, Journal of Medical Sciences*, volume I, p. 441.)

In the thirty-sixth volume of the same journal a similar case is recorded.

Malgaigne has collected three cases. Dr. Packard, his American translator, has added one more, and Dr. Bor-

land (Boston *Medical and Surgical Journal*, April 20, 1875), reports another case due to the same cause.

That *calisthenics* may produce the accident is proved by the following case reported and treated by M. Ancelet a French surgeon: Alexis L—, a boy aged thirteen years, while exercising on parallel bars, his body curved forwards and his feet almost touching the ground, suddenly came down upon his heels, without, however, losing his hold of the bars. On the following day M. Ancelet examined the patient. He found him in bed, his body curved forwards, severe pain referred to the inferior portion of the body. On attempting to straighten his body the pain and dyspnoea were markedly increased; prominence of the body of sternum on which the central and left oblique facets could be felt; the right oblique facet could not be distinguished. The second rib of the left side deeply seated; its fellow on right side apparently in relation with body of sternum. On placing a pillow under his back, allowing his head to hang over the edge of the bed and making steady pressure on the anterior portion of the chest on a level with the body of the sternum, M. Ancelet succeeded, after prolonged efforts in reducing the dislocation. He then applied a retaining bandage. The boy was kept in bed six days, and at the expiration of three weeks was perfectly cured.

In his remarks on this case, M. Ancelet inclines to the belief that this luxation was incomplete in character, and was, perhaps, brought about by the action of the pectoralis major muscle; that it existed without any grave concomitant lesion, and that, moreover, the reduction was obtained, maintained, and followed by a complete cure.

According to Mr. T. K. Horsidge the author of the "General Pathology of Fractures" in "Holmes' System of Surgery," volume II, p. 37. Second Edition, "the sternum has been known to be broken by the *violent action of the diaphragm during coughing*;" but he adds,

"in all probability it was weakened by partial absorption or atrophy."

At first sight it may seem almost impossible that bones united so firmly should be torn asunder by the diaphragm, and if we were influenced by the number of cases recorded, our skepticism would undoubtedly be strengthened, for Hornidge only mentions the *Gazette des Hôpitaux*, March, 1830, as containing the cases to which he refers, and in the works on surgery as also in the medical journals which were accessible to me, I have found no case of this kind recorded. Coughing physiologically defined, is a sudden, strong expiration, followed by a closure of the glottis and usually preceded by a deep inspiration. To enumerate all the muscles engaged during this act, would be trespassing upon your indulgence, suffice it to say that in very extreme cases every muscle of the body may assist in inspiration as well as expiration, and that decided alterations in the depth, width and length of the thorax are produced. Let me add that the diaphragm which is attached in front by fleshy fibres to the ensiform cartilage, on either side to the inner surface of the cartilages and bony portions of the six or seven inferior ribs, interdigitating with the transversalis, is drawn down by the contraction of its circumferential muscular parts, especially its central tendinous expansion.

Now, when we consider that in certain diseases of the respiratory system, especially emphysema, asthma, etc., violent acts of coughing occur, during which the glottis is contracted and offers an obstacle to the free escape of air; that the muscles involved in the acts of coughing exert their effect especially upon the inferior portion of the chest; that in the diseases mentioned the normal arch of the bone is increased, and that the joint is sometimes weakened and ossified, the possibility of such an accident can no longer be questioned.

The following case which occurred to me about a year ago illustrates the foregoing remarks:

May 15, '76.—J. S.—, aged 38; occupation carriage painter; of not very temperate habits. Family history good; no cancerous cachexia; has never suffered from any venereal disease. Has had attacks of asthma since the close of the late civil war in which he participated, and during his time of service he bore many hardships. He has also been suffering from rheumatism for about five years. His asthmatic difficulties were always increased during his rheumatic attacks. Emphysema of the left upper lobe. Is now suffering from polyarthritic rheumatism, affecting especially the wrist and shoulder joints. Administered purgative and potass. iodid. with vin. colchic. internally; anodyne at bed time, and tinct. iodini locally.

May 16.— Patient calls my attention to a swelling and redness over the sternum at junction of the manubrium with the gladiolus, of which he gives the following account: During the night he had, as was often the case, premonitions of an attack of asthmatic paroxysms. Being unable to assume a sitting posture, he was assisted by his daughter, and during the effort he was seized with the attack. This attack did not continue very long, but it had scarcely abated when a violent fit of coughing set in during which he felt something give way on his chest. After the paroxysm, he called the attention of his daughter to a painful spot, which she found to be swollen. It gave him great pain when he attempted to change his position, but he was very much relieved by stretching his neck and throwing his head backwards. To accomplish this more readily, a pillow had been placed between his shoulders. Passing the finger along the front of the sternum from above downwards a projection about one-fourth of an inch in height and extending across the width of the sternum was met at the point of junction of the two upper segments; the third pair of ribs were slightly elevated; in other words the lower fragment was displaced forwards. Respiration increased; cough not more than usual. No lesion of the subjacent viscera.

Treatment.—Guided by what I had learned from my patient, I directed him to take a deep inspiration, at the same time throwing back the head and shoulders and placing a compress over the seat of injury, I secured it by a broad cotton bandage covering the thorax from the axillæ to the false ribs. The pillow was again placed between the shoulders.

Although, owing to the rheumatism my patient remained quiet in bed, it was finally found that the edges had not been kept in apposition, and that they had united with a slight overlapping.

During the past year I have twice treated him for rheumatism, and each time the site of the diastasis was involved as well as the other joints.

The case was undoubtedly one of incomplete luxation, the anterior layer of the periostium and the anterior sterno-costal ligaments only having been ruptured.

2002 Carondelet Avenue.

PARESIS OF THE THIRD CRANIAL (OCULO-MOTORIUS) NERVE.

By WILLIAM DICKINSON, M. D.,

John W., 28 years of age, of spare figure and low stature, a book-keeper, first presented himself to me in April 1876.

His parents never suffered from cerebral affections, but died of some form of fever. A brother several years his senior, however, died of apoplexy at about the age of fifty years. He himself has never suffered from any form of brain disease, nor from falls or blows upon the head; but has uniformly enjoyed good health, and is a

man of temperate habits. About ten years since he contracted Syphilis; all evidences of which, after treatment continued during four weeks, apparently disappeared and have never in any degree since returned.

In the spring of 1875 a friend observed and called his attention to the condition of the pupil of the left eye, it being much larger than that of the other, though he himself had not noticed this peculiarity nor any other affection of the eye. About ten days before his first visit, having one night retired as usual in the perfect exercise of all his faculties, he discovered on the following morning that he had contracted a severe cold and that he could not completely raise the left eye-lid; indeed it drooped so low as to interfere with vision. A day or two later, his apprehensions being aroused he tested his vision and then for the first time appreciated the fact, (probably present for a year) that he could not with the left eye clearly discern small objects, and with it could read only large print; but objects at a distance were perceived with nearly the same distinctness as with the other.

When first seen by me the most manifest symptoms were ptosis—the lids of the left eye being nearly in apposition,—and mydriasis—the diameter of the pupil being three or four times that of the right (the latter however, was abnormally small,) the pupil was also very sluggish responding but little to the access or the absence of strong light—the same was true of the right—but both readily affected by the instillation of atropia. In the affected eye, the power of accommodation was almost entirely wanting, he being scarcely able with it to discern No. 8 of Snellen. The function of the second (optic) nerve had escaped complication. During the two days succeeding, strabismus divergens supervened together with inability to freely turn the globe upward or downward; but by conscious effort of the associated muscles the globe could be restored to the median position. In

consequence of this strabismus, diplopia (double vision) was present to a degree which seriously interfered with his business. His sense of hearing was also greatly impaired, the hearing distance of the right ear being only four and that of the left three inches. The functions of the cranial nerves were retained in their normal exercise.

The physiognomy of the affection being so well defined the diagnosis was not difficult; lesion of the third cranial nerve was the occasion of the symptoms present. The ptosis and imperfect excursion of the globe upward were due to paresis of the divisions of the superior branch innervating the levator palpebræ and the sup-rectus, respectively—the divergent strabismus, the imperfect excursion of the globe downward and its rotation upon its antero-posterior axis were the result of paresis of the several divisions of the inferior branch distributed to them, and since the ophthalmic ganglion derives its motor-endowments immediately from this nerve, the mydriasis and imperfect power of accommodation must be referred to the common paresis indicated of all the cranial nerves, the one under consideration is more liable to paresis and paralysis than any other, and is generally the result of pressure. If we locate the cause in the orbit we must assume a common cause acting upon all the branches of the third nerve. Sparing the 4th and 6th which innervate the sup-oblique and the Abducens muscles respectively. Though such anomalous partiality might be possible, in this case it is scarcely probable. We must therefore seek for the seat of the lesion within the cranium and most probably at the base of the brain. It may be the result of a sero-albuminous exudation or of hæmorrhagic extravasation; but with greater probability I attribute the symptoms to the development of a gummy tumor or of a syphilitic node in this region at some point between the origin of the nerve and its entrance into the orbit, and by mechanical pressure above, or by inducing nutritional changes in the nerve itself.

the normal performance of its function is interfered with. The effects of lesions of the third nerve which are of intra-cranial origin may be sudden or slow in their appearance. The first may partake of an apoplectic character or may arise from violent exertion, mental emotion, excessive mental application, sunstroke, injuries to the head &c. The second advances with the progress of the cerebral disease; among the causes may be enumerated basilar meningitis, aneurism, exostosis, tubercular or other deposits and cysts at the base of the brain. In the early stages of either of these forms the symptoms may remit and afterward recur. In the first class of cases there may be a perfect recovery, in the second, those of slow development, there is little expectation of recovery or of permanent amelioration by treatment.

Lesion of the nucleus of this nerve at its origin would induce the symptoms given but peripheral disease is by far the most frequent, and of all causes syphilis is the most common. Von Gräfe thinks that about one third of the cases of paralysis of the motor-oculi, are due to this cause. In many cases it is quite impossible to ascertain with any degree of accuracy at what precise point the lesion is situated; nor is it important; one may be content with the knowledge that the patient has suffered from venereal diseases, and with this fact persistently kept in view we frequently find under appropriate treatment a very rapid recovery ensuing.

In all cases of paresis or paralysis of the oculo-motorius, our prognosis must of course depend upon the conceived cause or causes. If these can be removed or relieved a favorable prognosis can be given. If the cause is situated within the orbit (e-g) a tumor not malignant, or an abscess, or if functional and the resultant of a reflex action, the prognosis is favorable. Those cases in fine, that are of peripheral origin and especially those dependant upon rheumatic affections, furnish us with the most favorable prognosis, especially if the patient applies

soon after the invasion of the disease. If on the other hand the affection is due to some grave cerebral lesion accompanied by manifest symptoms of nerve degeneration or softening and if it has existed for a long period the prognosis must be unfavorable. *Treatment.* Since ptosis was the first and chief symptom observable and that for which I was primarily consulted, my treatment was predicated upon the diagnosis that the paralysis of the levator palpebræ was of rheumatic origin, and this was made chiefly on account of its sudden invasion; the patient had been exposed to currents of air; he had taken cold and ptosis was present. We are frank however, to confess that the pathological changes which occur in these rheumatic paralyses have not received a satisfactory explanation, and we do not know exactly whether deposits or other changes take place in the substance of the muscles distributed to the affected part, or whether the fibrous tissues which invest the nervous trunks are the seat of the rheumatic inflammations. Having formed my diagnosis, I administered a brisk cathartic and applied to the eye a solution of calabar bean, with the view of securing contraction of the pupil which for months had existed. This was followed by Pot. Iod. and Brom. in combination and later by Hyd. Prot., Iod., and subsequently by the use of galvanism; obvious amelioration of the symptoms speedily followed, the patient recovered to a good degree the normal use of the levator palpebræ muscle, and progressively the power of accommodation, he being able to read much smaller print than at first. He also regained ultimately almost perfect exercise of the internal rectus muscle, thus annihilating the strabismus, and also the complete use of the other ocular muscles involved. During the treatment partial relapses occurred on several occasions, from which he soon recovered, and he is now able to discern with the affected eye, much of No. 1 Snellen (4-2) the smallest print.

A cure seems to have been achieved; but none can promise exemption from liability to a return of the same affections or to the supervention of a more grave cerebral disease. A brother died suddenly of "apoplexy;" here is manifested hereditary proclivity to complicate or aggravate any existing conditions that his own habits may have induced. He confesses that he has experienced the consequences of visions indulgences; and though he has enjoyed an immunity from the effects of syphilis for a decade of years, who shall declare that his escape from its tenacious and venomous folds is even now wholly secured. The coral-insect in the fulfilment of his mission, building unseen, diligently constructs his tiny shell, his home, his fortress and his tomb; till in process of time the marine mountain reef defys the storm and wrecks both noble ship and her crew in the unequal encounter. Who then shall assert that the present aggregation of symptoms presented, in this case is not the legitimate product of the infection in earlier years received, which, clandestinely existing during the subsequent years, has insidiously and unsuspectingly elaborated those vital elements, that, resisting the best appliances of our art, shall know no limit or cessation, till the citadel of life itself shall be overmastered and overthrown.

620 Locust St.

GESTATION PROLONGED TO FOUR HUNDRED AND FORTY-TWO DAYS.

Reported by J. D. BRYAN, M. D., Louisburg, Kas.

Mrs. E. aged 25 years. Became pregnant February 10th 1876. June 17th she "felt motion;" on the following day

consulted me. The motion increased until July 28th when she was threatened with miscarriage, but by rest and opiates it was prevented; in a week she was up again. During the time of the threatened miscarriage the movements of the child were lively: from that time on, I saw her frequently. I had her wean the child at the breast as soon as I knew her to be pregnant; her health improved and she became quite robust; she expected to be confined about the middle of November 1876. This time came and passed and the next month and still no confinement, nor did it occur until the 26th day of April 1877 making ten months and nine days from the time of *quickening* or one year two months and sixteen days from time of conception; neither was the child unusually developed, except that it was stronger and more active, a boy, and weighed nine pounds.

Here we have a pregnancy prolonged to 442 days: the longest case I find recorded is by Prof. Meigs of 420 days: the next by Dr. Atlee of 356 days: but neither of these eminent men say anything of the length of time the children were carried after *quickening* occurred, at least, it was not alluded to in the report I saw. If we allow this case the usual time for quickening—four and a half months—it would make the entire time 449 days which I think would be more exact than the other: as the facts as related above of this extraordinary case may be now established beyond cavil, I have felt it my duty to place it on record on account of its great importance in many medico-legal questions affecting the rights of heirs, and its still greater importance in defending women in domestic life from unjust aspersion. This lady's husband was with her from first to last fortunately.

CHRONIC BRIGHT'S DISEASE OF KIDNEYS,
WITH HYPERTROPHY OF LEFT
VENTRICLE AND MITRAL
INSUFFICIENCY.

By T. F. PREWITT, M. D.

Mrs. V. T——, aged 33, has been a patient of mine at intervals since May 1864, when I attended her in her first confinement. She has been the mother of four children, has generally had good health, though of a hysterical temperament, and often complaining of a smothering feeling in the chest and some discomfort about the heart. Examination of the heart revealed no *bruit*, but there seemed usually—for I examined her heart a number of times—a slightly increased impulse and some excited action but do not recall any increased arterial tension. The cardiac disturbance and smothering feelings were attributed to hysteria and were usually relieved by antispasmodics. She never had rheumatism—I lost sight of her in 1871 and she did not again come under my care until January 1875 when she applied to me with the same old complaint of smothering feeling about her chest and discomfort in the region of the heart. Examination revealed marked systolic murmur, most pronounced over apex and not transmitted along aorta, with decidedly increased impulse. I made a diagnosis of mitral insufficiency with hypertrophy. I warned her of the serious nature of the trouble, of its dangers and its incurable character. I advised her to abstain from all violent exercise and prescribed for her iron and digitalis. I saw her at intervals from that time on, and noted increased *mitral bruit*. She complained at times of a hacking cough and of oppressions about the heart and chest, but got along pretty comfortably until the latter part of 1876 when she began to suffer more discomfort, with greater disturbance in the rhythm of the heart. From this time

on there was gradually increasing gravity in the symptoms—increased dyspnoea, dropsical effusion and loss of appetite. Examination of urine too, showed albumen and granular casts and I added to my diagnosis, *Chronic Bright's disease*. Her face became puffy—cough more troublesome—emaciation, advanced anasarca of lower extremities and abdomen increased, and orthopnoea added to the general distress.

Drastic purgatives and punctures of the limbs, followed by more decided incisions on the dorsum of the feet reduced the dropsy and added to the comfort of the patient. Under the use of digitalis the pulse became steadier, the bronchorrhœa less, and, with iron, the appetite improved somewhat. The incisions on the dorsum of the feet inflamed and considerable sloughing of cellular tissue took place. As the inflammation subsided and granulation took place, the dropsical accumulation increased. (Edema of limbs became very great, the integuments of the thighs inflamed, with the formation of large gangrenous blebs, causing great suffering. There was complete loss of appetite. Patient gradually grew weaker; an eighth of a grain of morphine administered to relieve the intense suffering from the inflamed limbs afforded complete relief but was followed by a gradually increasing stupor which ended in death May 2d.

Autopsy fifteen hours after death. On opening the abdomen and chest considerable fluid was found in both. Both lungs were largely adherent to the costal pleura, especially, the anterior and lower half. Base of both lungs was oedematous while the apices showed considerable emphysema. There was but a small amount of serum in the pericardium. The heart, on inspection, seemed slightly increased in size only. Its cavities seemed all distended with blood, except the left auricle, which presented the appearance of being collapsed; on removing it and laying open the cavities, large dark clots were found in right auricle and ventricle and extending into the pul-

monary artery. The left venticle showed enormous concentric hypertrophy the walls measuring 1.1-2 inches in thickness. Its cavity was considerably diminished and partially filled by a dark clot which extended into the left auricle, which contained more blood than had been anticipated from its collapsed appearance on inspection, while the left ventricle which had seemed greatly distended, owed its feeling of resistance and tension to the greatly hypertrophied walls. The heart had evidently been arrested in diastole. The mitral valves were thickened, inelastic and totally incapable of closing the auriculo-ventricular opening. The columnæ carnae had shared the hypertrophy of the walls. The semilunar valves were perfect by the hydrostatic test. No deficiency of the tricuspid. The liver seemed normal. The spleen seemed rather smaller than natural. The right kidney was contracted to about one half its normal size while the left had suffered less though considerably contracted.

Both presented irregular nodular surfaces and a few small cysts. Upon laying open the right kidney its surface presented a bright-red appearance. The cortical substance was greatly atrophied, while the medullary portion had suffered less. The atrophy and contraction of the interpyramidal cortical substance had formed sulci, and the cut border presented a scalloped appearance. The capsule was firmly adherent to the gland in both. In the left kidney one section showed the same deep red with the atrophy of the cortical substance, only in less degree.

Here we have a case of Bright's disease associated with mitral insufficiency and hypertrophy of the left ventricle. From the time of Bright this association of renal and cardiac affections has been recognized; what relation does Bright's disease bear to heart disease and which was the antecedent lesion in this case?

It is sadly perplexing to the student of renal pathology to find widely different pathological conditions group-

ed under one name. Let us see what the term Bright's Diseases includes. We have first the "acute desquamative nephritis" following scarlatina is the type.—Then we have Chronic Bright's disease, which from its very term we should suppose to be a later stage of the acute variety. Such a conclusion, however, would be true only in part. As a matter of fact we have three principal conditions of the kidney known as chronic Bright's disease—all differing in their etiology clinical history and pathology, viz:

- 1st. The large white kidney.
- 2nd. The granular contracted kidney.
- 3rd. The lardaceous or waxy kidney—(so called amyloid degeneration).

Perhaps the majority of practioners are most familiar with acute Bright's disease, as a sequela of scarlet fever. We have an acute inflammation of the kidney with a partial or complete suppression of urine, general anasarca &c.

The symptoms are so urgent and patent as to compel recognition and call for prompt treatment. In fatal cases the kidneys are always found enlarged. The surface is smooth and the capsule thin and easily torn off. On section, the cut surface is found, ordinarily deeply congested and dripping with blood. The large white kidney is found in those cases where the acute attack has not proved fatal and only a partial subsidence of the acute symptoms has taken place. In short, the acute has become chronic Bright's disease, and the characteristic symptoms continue in less urgent form of whatever may be the duration of the disease. Post-mortem, as a rule, reveals the large white kidney and at whatever period it is met with, its history is the same—its origin is an acute inflammatory attack.

The next variety of chronic Bright's disease—the granular contracted kidney—as a rule, has no definite initial symptoms. Its inroads are slow and stealthy—it saps the

life of our patient, with no warning of its ravages, often until the mischief is irretrievable. It may run its course for months and years, without betraying its inroads by any obtrusive symptoms. The patient may be a little out of health, somewhat pale and anæmic, early fatigued and disinclined to exertion but suspicion does not rest upon the kidneys for they, in the earlier stages, at least, are acting abundantly. Even these evidences of failing health may be so slight as to pass unheeded, and the unsuspecting victim of a sort of pathological assassination is stricken down in the midst of apparent health by convulsions or coma or pulmonary œdema or violent serions inflammation, or he has retinal apoplexy uræmic anæmiosis. In another case, perhaps a little suspicious puffiness about the face, or a slight œdema of the ankles, leads to an examination of the urine, and albumen is found in varying proportions, with tube-casts and renal epithelium. The urine in the earlier stages is abundant, often double that of health—later it becomes scantier or may even be suppressed.

Dropsies are of decidedly less frequent occurrence than in the large white kidney. According to Roberts one third or one fourth of the cases run their course without any dropsical effusion.

Hypertrophy of the left ventricle is a frequent complication of this form of Bright's disease as is also an atheromatous condition of the arteries, while apoplexy is by no means a rare accident.

That disease of the kidneys, on the other hand, not unfrequently follows valvular insufficiency is a well established fact. Passive congestion of the kidneys from any cause, results in the appearance of albumen in the urine and if long protracted may lead to alteration of structure. We find, however, that it is in regurgitant valvular disease of the heart that a condition of the kidneys analogous to, or identical with chronic Bright's disease is likely to co-exist.

It will be remembered that in the case reported above there was marked mitral disease with hypertrophy. Hence the question as to which was the antecedent lesion. Had there been simple hypertrophy, no doubt could have arisen.

This brings us to a consideration of the relationship between the cardiac and renal affection observed by Bright as far back as 1827. This is threefold as pointed out by Roberts.

1st. Chronic Bright's disease followed by simple hypertrophy of the left ventricle, without valvular lesion.

2nd. Chronic Bright's disease co-existing with valvular disease. These again may be divided into two classes:—

(a) Those in which the renal disease is followed by hypertrophy and endocarditis resulting in valvular disease.

(b) Those in which the renal disease and valvular disease have originated independently and depend perhaps, upon some common cause.

3rd. Disease of the kidney following and dependent upon regurgitant valvular disease.

Simple cardiac hypertrophy, without valvular disease, co-existing with albuminuria, points almost certainly to the renal disease as the antecedent lesion, and the cardiac trouble as a consequence.

In 1859, Dr. Geo. Johnson first published his discovery of a wide-spread hypertrophy of the arterioles throughout the system in the granular contracted kidney.

The sequence of events in these cases has been formulated by Dr. J. Milner Fothergill as follows.

1st. Renal inadequacy with accumulation of histolytic products in the blood.

2nd. Spasm of the arterioles from the effect of these products in excess upon the vaso-motor centre.

3rd. Hypertrophy of the muscular walls of the arterioles from the persistent or oft-repeated spasm.

4th. Arteriole spasm and hypertrophy lead to obstructed blood-flow.

5th. Obstructed blood-flow induces hypertrophy of the left ventricle.

6th. The action of these two hypertrophic muscular ends of the arterial system produces over distension of the elastic connecting arteries.

7th. "This over-distension produces atheroma."

In the induction of atheroma of the vessels, we have a completion of the chain of conditions favoring apoplexy upon one hand, and cardiac degeneration and dilatation upon the other.

In those cases of disease of the kidney resulting from the chronic passive congestion caused by regurgitant valvular disease, Dr Johnson states that this hypertrophy of the arterioles is not found. If this be true, the microscope should settle the question in the case I report.

Nevertheless upon clinical grounds I believe it to be a case of primary disease of the kidneys—granular; contracted kidney of several years duration, followed by hypertrophy of the heart and subsequent mitral insufficiency.

I arrive at this conclusion first, from the history of increased impulse without bruit, years before, the significance of which was overlooked—secondly from the absence of any history of acute rheumatism, the prolific source of valvular disease—third from the involvement of the mitral valves alone, the result we should expect from the great strain upon them in the over-action of the hypertrophied ventricle. We find them under such circumstances thickened and inelastic from the growth of pathological connective tissue well seen in this case.

Incompetency ensues and a regurgitant murmur marks a great stride in the progress of the heart lesion—a grave crisis in the patient's fate.

These two types—the large white kidney and the granular contracted kidney—constitute the large proportion of the cases of chronic Bright's disease.

By German pathologists—Frerichs, Reinhardt, Resen-

stein, Traube—they are regarded as simply stages of acute inflammation of the Kidneys.

By English authorities, on the contrary, Johnson, Wilks Dickinson, Grainger Stewart—they are looked upon as of separate origin, the large white kidney being the second or chronic stage of acute Bright's disease—the granular contracted kidney having an independent origin and being essentially chronic from the outset. It will be interesting therefore to contrast them in the etiology, clinical history and pathology.

LARGE WHITE KIDNEY.

The invasion of the disease has been sudden and it can usually be traced to some definite exciting cause as severe cold or scarlatina.

Its course is rapid and is usually limited to a few months at most.

It rarely occurs in persons over 20 years of age.

Dropsy almost invariable and considerable.

Convulsion common.

Acute inflammations pleuritis pneumonia, peri-carditis frequent.

Urine scanty, highly albuminous and often contains blood.

Heart not hypertrophied.

Kidney in all stages large and white.

No hypertrophy of arterioles.

Changes of texture intratubular—in secretory cells.

GRANULAR CONTRACTED KIDNEY.

No definite origins can be assigned it.

Its course is slow, and it usually extends over a period of months and years.

Rarely occurs under 30 years.

Often absent or scant.

Coma more common.

Atheroma of arteries and apoplexy oftener met with.

Urine abundant in earlier stages, albumen less abundant.

Heart hypertrophied.

Kidney always small, red and contracted.

Always hypertrophied.

Changes inter tubular connective tissue hypertrophied.

The third form of chronic Bright's disease will call for but a few remarks. It comes on insidiously in connec-

tion with some marked cachexia and in an overwhelming proportion of cases in connection with long protracted suppuration. The urine in earlier stage is abundant, pale and only slightly, albuminous. It becomes less abundant, while, the albumen increases as the disease advances. Uraemic symptoms are much less common than in any of the other forms.

The waxey kidney is usually smooth, somewhat enlarged and presents a characteristic appearance when cut through.

The cortical portion, translucent, lardaceous in appearance—"resembling bacon-rind."

The cones are red and distinct, by contrast. The whole organ is hard and tough.

The liver and spleen are usually found to have undergone the same changes.

The heart does not become hypertrophied in these cases and symptoms of uraemic poisoning are rare. Inflammatory complications and diarrhoea carry off the patient.

The diagnosis is based upon an antecedent cachexia, usually associated with protracted suppuration, the coincident enlargement of the liver and spleen, the freedom from cerebral symptoms and the marked tendency to diarrhoea.

The practical lessons inculcated by a study of these cases are:

1. The importance of more frequent examinations of the urine.

2. The discovery of simple cardiac hypertrophy—without valvular lesion—should at once suggest an examination for albumen and casts.

3. As the close resemblance between uraemic coma and narcotic poisoning in some instances, is liable to lead to an error in diagnosis which may injuriously influence the treatment, or may reflect seriously, upon the drug-

gist or physician, an examination of the urine should be made in every case, where the least doubt exists as to the origin of the coma.

1603 Olive St.

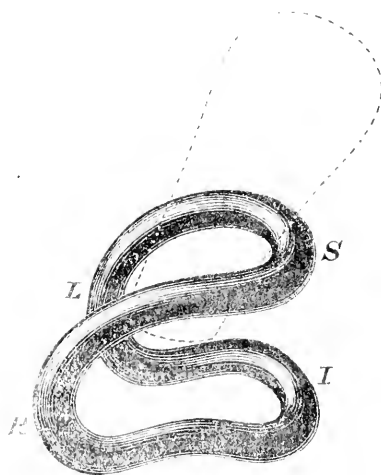
*A NEW ANTEVERSION PESSARY; A NEW
ANTEFLEXION PESSARY; A MODIFIED
RETROVERSION PESSARY; AND A
NEW RETROFLEXION PESSARY.*

By EUGENE C. GEHRUNG, M. D., St. Louis.

Under the heading of "A new anteversion pessary," I read a paper before the Territorial (now State) Medical Society of Colorado, about four years ago, which was published in that society's transactions for the year 1873, simply describing the instrument, expecting that every body would see its properties at a glance as I had become aware of them through several years trial. But I was disappointed in my expectation, as but very few took cognizance of it. Since my removal to St. Louis, I have shown it and demonstrated its qualities to a number of eminent gynecologists both of this city and New York, and, as I have cause to believe, it operated to their perfect satisfaction. It is not a modification of any of the pessaries, which have ever come under my observation although in its present state it appears much like a modified Hodge's bow pessary particularly as it can be made of the substance of the latter. The result has been obtained by tedious and numerous experiments and alterations until it appears in its present simplicity.

Fig. 1 shows the instrument in its present condition.

FIG. 1.



To facilitate the description, I shall denominate the anterior limbs by the name of superior and inferior (*anterior arches*) and mark them in the engraving with the corresponding letters S and I; the junction of the antero-posterior limbs the lateral *curves*, right and left, marked in the engraving by R and L.

S and I present the anterior arches resting, when introduced, against the anterior wall of the vagina.

S supports the womb through the fornix vaginae, I rests upon or near the os pubis, according to the degree of elasticity of the vagina, from which point it derives its entire support. The lower branches of the lateral curves R and L rest on each side of the vaginal aperture in an antero-posterior direction on the vaginal surface of the perineum. These prevent the instrument from rotating on the transverse and the antero-posterior axis. An additional support is gained by the contact with the elastic vaginal walls and their close coaptation to and retention between the arches and curves of the pessary.

It rests within the vaginal grasp as a segment of a solid cylinder would rest in the grasp of an elastic one. In consequence of this nice and peripheral adaptation there is no obstruction of the vaginal space, which is such a desideratum in pessaries.

The distance between, including the substance of the anterior arches S and I, varies from 1 2-8 to 1 4-8 inches. This is the only dimension in all sizes of the pessary that always remains within the limits just mentioned; while the antero-posterior and transverse diameters vary according to the size of the instrument. The sizes correspond with the No. 10, 20, 30, 50, 60 and exceptionally 70 of the Hodge pessary. No. 40 is purposely left out, as it is simply a modified No. 30 and if transformed into an anteversion pessary has the disadvantage of having too short an antero-posterior in proportion to the other diameters.

Mode of Introduction: The patient being in the dorsal decubitus,—the pelvis at the edge of the table, the knees flexed and well separated and the heels resting on the edge of the table at the sides of the body,—place the pessary on a table, the superior arch S below and I above, R and L pointing towards the operator; then take hold of curve L with the right hand and insert curve R into the vagina to the right of the patient until a little more than half of the instrument is buried within, then make it turn on point R as on a pivot by pushing curve L toward the fourchette and the left side of the patient so that, at the same time that curve L slips into the vagina the arch S will turn upward under the body of the womb and the arch I downward to the os-pubis. This being accomplished the womb will at once turn to the normal axis; if it fail to do so, use the pessary as a repositor by pushing the arch I upwards.

Difficult as this manœuvre may appear on paper it is extremely simple when witnessed, and in fact it is nothing more than reversing the easiest mode of removing

the pessary, which is as follows: Hook the point of the right forefinger into curve R; pull it towards the posterior column (the central line) of the vagina and out through the vulva, when the balance of the instrument will follow like the hook out of the fish's mouth.

From an experience of over six years, I can claim the following advantages for this pessary:

1st. That there are very few cases of anterversion, if any that can resist its action, when well fitted, unless there are adhesions of such firmness that the pressure necessary to overcome them would cause mortification or ulceration, or when the vagina is so relaxed or the perineum so lacerated that it cannot find a hold. A slight degree of laceration does not interfere.

2nd. That it has no fixed points of resistance but is supported everywhere and necessarily allows perfect freedom of motion to the womb.

3rd. That the patient is unconscious of the presence of an instrument except by the relief she experiences.

4th. That it is as simple as can be desired, there being no mechanism or complications about it that may catch or injure the vaginal mucous membrane; nor unnecessary weight.

5th. That it is inelastic and therefore its operation under the perfect control of the operator.

6th. That it consists of such material that it can easily be modified to suit the particular case. *

7th. That it does not interfere with the marital relations.

8th. That it is easily introduced and removed, and even by the patient herself, and that the largest size can be introduced through the same aperture as the smallest and

* To put in oil or tallow and heat at the point or place to be bent slowly on a small flame; bend it to the requisite shape and hold it so until cool.

9th That it causes no obstruction to the rectum, or the bladder, nor sensible pressure anywhere else, in fact, if I can trust to my observation and that of others with this instrument, it is perfect in its working and simplicity.

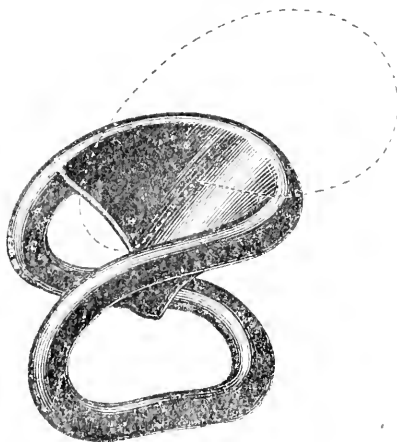
Its uses : Besides its use in anteversion it renders great service in some cases of ante flexion. Cystocele caused by anteversion or ante flexion can frequently be removed together with the uterine deviation. External prolapse of the anteverted and ante flexed womb can generally be restored to its normal position and held there, when the perineum is intact and the vaginal contractility not entirely lost, as I have proven in several cases. By its agency and that of the ante flexion pessary, presently to be described, posterior section of the uterine cervix will frequently be unnecessary and the consequent dangers avoided. The same may be said of the operation for artificial fistula for cystitis, if the latter be dependent on uterine deviations.

THE ANTEFLEXION PESSARY

as is seen in Fig. 2, consists of the anteversion pessary described above, with the addition of a slightly excavated and inclined blade or shield. It supports the body of the flexed womb in the manner of an anteversion pessary and by this addition prevents the neck which, of course, must follow the movement of the body, from falling into an abnormal position. In this way it exerts its straightening influence. Its entire action being limited to the anterior surface of the womb, there is no constriction to be feared. Like all flexion pessaries it has the defect of working more completely in theory than in practice. Yet, assisted by means of well directed manual efforts and the judicious use of the sound, astonishing results may generally be obtained. The sizes of this as of the following instruments correspond with those of the

preceding one. It is to be introduced in the same way as the anteversion pessary.

FIG. 2.



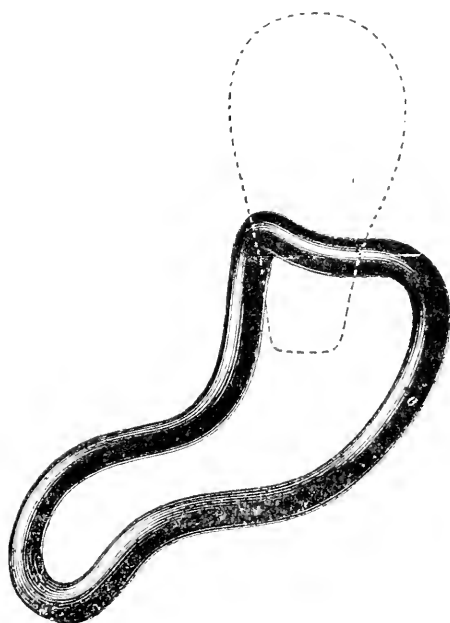
THE RETROVERSION AND LATEROVERSION PESSARY.

The retroversion pessary (Fig. 3) has been brought so near to perfection by Smith's modification of the Hodge pessary that I feel reluctant to introduce my modification of that instrument. Yet, as it may prove to be of considerable advantage in simple retroversion and combining, as it does, the quality of correcting lateroversion of posterior inclination, I venture on the task.—I do not incline to the belief that to correct a retroversion it is necessary or even advisable to alter the position to a complete anteversion and therefore it will not cause surprise to observe that in my instrument I have lessened the superior arch. In addition to this I have made a central depression from above downwards and from before backwards, as shown in the engraving.

In the Smith and other pessaries the womb rests on the summit of an arch, in consequence of which it will occasionally slip off laterally or by the same cause the pessary will be forced over to one side, as the inclined planes of that arch act like a wedge, as soon as the equilibrium is lost by any cause. The depression in my in-

strument renders this impossible and forms a good and safe nidus for the retroverted and the retro-lateroverted womb, with no possibility of a lateral displacement of the pessary or the womb.

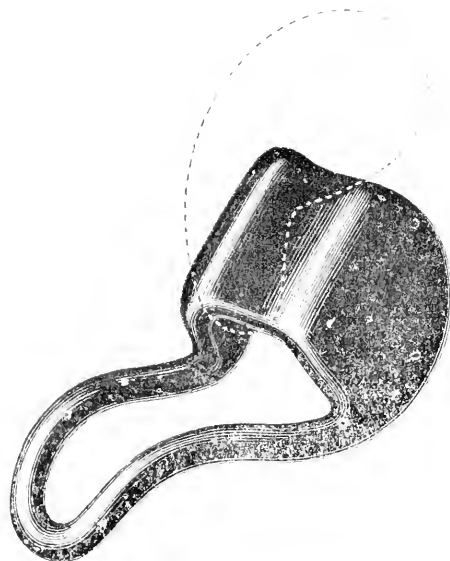
FIG. 3.



By the addition to the instrument just described of an arched blade or shield, with or without a central depression serving as a bed for the neck of the womb, connecting the upper cross bar and the two lateral branches of the pessary into a solid body for the distance of an inch and a quarter (1 1-4) as seen in Fig. 4 it will be transformed to a

RETROFLEXION PESSARY.

FIG. 4.



This pessary acts on the same principle as that for ante-flexion, by replacing the body and preventing the neck from following its motion to an abnormal position in corporeal retroflexion, or vice versâ by replacing the neck and arresting the motion of the body in cervical retroflexion, as the case may be, and thirdly, in cases of the third variety of flexion, where both the body and the neck are flexed, it insinuates itself between them and in this way tends to straighten the organ.

This pessary is useful, even necessary, in another class of cases, which I shall describe at greater length in a future communication, and there are cases of simple retroversion, with a tendency to prolapse or simply with great laxity of the vaginal tissues, in which, if ordinary retroversion pessaries are used, the neck of the womb will fall through the space in the pessary and cause the same morbid phenomena that the fundus has

caused before reposition. This occurrence is prevented by the use of the retroflexion pessary.

In summing up, I may state that this pessary combines the several qualities of a retroversion, retro-lateroversion, retroflexion and retro-lateroflexion pessary and in addition the quality of protecting especially the rectum from cervical compression and the womb from being thrown into complete anteversion.

These instruments are now being manufactured by A. M. LESLIE & Co. of this city.

1507 Pine Str.

Hospital Reports.

CITY HOSPITAL.

Assistant Physician, M. H. POST.

Double Psoas Abscess.

Wm. Mowatt.

Nativity, Scotland.

Age, Thirty-three.

Occupation, Laborer.

The patient had received no injury to which he attributed his disease, nor was there any thing in his history, nor in that of his family which would lead one to expect such an affection.

In September, 1876, he noticed a slight swelling immediately below Poupart's ligament; was somewhat painful, but was not accompanied by fever. At the time of admission into the hospital (Dec. 21st, 1876,) the tumor was about four and a half inches in diameter, and there was

some pain and soreness in the back. Shortly afterwards he suffered from a severe cough. The tumor continued to increase in size, and Jan. 11th '77 was aspirated, twenty-four ounces of pus being drawn off; the same day it refilled and eight more ounces were evacuated on the next day. On the 14th the abscess opened spontaneously; chilly sensations succeeded by fever followed. On the 28th. there was some diarrhoea. One month later, he complained of pain in his back, and in the left hip, and could not move the leg as formerly; the thigh was rotated on its axis inward, as if the hip-joint were involved. From this time until his death the pain increased, so that toward the last it was necessary to give him large hypodermic injections of morphine.

He died June 17th, '77. Upon post-mortem examination two abscesses were found; one lying upon each psoas magnus muscle,—communicating through the anterior portion of the body of the first lumbar vertebra.

That upon the right side was divided into an abdominal portion extending from the cartilage between the eleventh and twelfth dorsal vertebræ to Poupart's ligament; and a femoral portion occupying the site of Scarpa's triangle; these were connected by a narrow channel passing through the crural sheath, and together measured seventeen and a half inches. On the left side the abscess originated from the same intervertebral cartilage, and extended downwards about eleven inches to Poupart's ligament; connected with this and situated in the left lumbar region was a sac, about three by four inches: the position of this extension was undoubtedly due to the left abscess being chiefly formed while the patient was confined to his bed. No communication with the hip-joint was found.

In both abscesses small, loose fragments of dead bone were found; into that on the left side a spicula of bone projected from the body of the first lumbar vertebra.

The remains of the psoas muscles seemed to occupy the posterior portions of the sack. The walls of the sac were about one tenth of an inch in thickness. The last dorsal and first two lumbar vertebrae showed signs of past inflammation, being somewhat hypertrophied.

The upper two-thirds of the left lung was firmly adherent to the costal pleura; the right had some slight adhesions. Both lungs contained tubercles, but no cavities were found; their general condition was good.

The liver weighed 67 oz: the spleen 25 oz: the weights of the heart and kidneys were normal; with the exception of the lungs, these organs showed signs of fatty degeneration.

SUMMARY.

From appearance of tumor to its aspiration, 4 mths.

From aspiration to death of patient, 5 mths.

Length of right abscess, 17 1-2 in.

Length of left abscess, 11 in.

Origin of abscesses the cartilage between the eleventh and twelfth dorsal vertebrae.

No diarrhoea during the last two months of life.

Proceedings.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, March 31, 1877.

The President, Dr. Scott, in the chair.

Dr. E. H. Tyler was elected an associate member.

The subject of strangulated hernia was again brought up.

Dr. Kennard inquired whether surgeons are in the habit of cutting out the dead portion of the intestine, abutting the cut ends, with sutures and then returning them, or whether they allowed the formation of a preternatural anus?

In answer to the question, Dr. Gregory said that the practice with some surgeons is to make a sufficient opening in the bowel to favor the discharge of the contents, leaving the bowel *in situ*; others again excise the intestine and endeavor thus to prevent the formation of an artificial anus. In wounds of the bowels the practice is to sew up the intestines and return them if they are cut; but if they are lacerated they are tacked to the abdominal wall, and treatment for preternatural anus is instituted.

Dr. Hodgen thought that in an operation for strangulated hernia a surgeon would have done his whole duty if he did not stitch the intestine and return it.

Dr. Hughes read from the Annual Report of the West Pennsylvania Hospital for the Insane, in which the physician in charge says, that after employing blue light in the treatment of his patients for a sufficient length of time to discover its efficacy, if there was any, he had not obtained any beneficial results whatsoever from it.

Dr. Prewitt does not object to its use, because some patients thereby enjoy the benefits of light who are otherwise almost entirely shut off from it.

Dr. Newman: There are cases in which patients imagine that they are benefited by the blue light, and it would not be advisable to dispel their delusion, because the influence of the mind upon the body is very great in some patients. Again, just as certain morbid conditions of the eye demand modified light so it may also be necessary to modify light in certain conditions of the system.

April 7th.

The Society met as usual, the President, Dr. Scott, in the chair.

Dr. F. C. Richardson was elected a corresponding member.

Dr. Hypes, with the permission of the Society, showed

specimens taken from a patient who died of Addison's disease. The patient was not under his care, and therefore a satisfactory history could not be given.

The post-mortem examination revealed hepatization and œdema of the the lungs. Both suprarenal capsules were very much enlarged and surrounded by a great quantity of fat; in the capsules fibro-caseous degeneration had taken place.

April 14th.

The President, Dr. Scott, in the chair.

Dr. Richardson made some remarks concerning the skulls of the mound builders and their extreme flattening. The pressure which produces this flattening is made from the back forward, giving the head a narrow side view, and a high and broad frontal and posterior view. The compression throws the sutures out of place; the foramen magnum as a consequence is situated far back, and Wor-mian bones exist in about seventy-five per cent. These peculiarities are also found in children.

Dr. Johnston was of the opinion that children's skulls of mound builders could not be identified, and that the flatness is not transmitted, but produced by direct pressure.

Dr. Thomas Scott reported a case of singultus which is peculiar in its origin as well as in its persistence. Mr. H—, a confectioner, of strictly temperate habits, whilst at dinner received a letter, the contents of which made such an impression upon him that his appetite was suddenly lost and a few hours afterwards he was seized with hiccoughs. He was under the care of a physician for five days, when one night Dr. Scott was called in. The patient was suffering very much and was kept in a constant state of agitation by the singultus.

The following combination freed him from the attacks:

R Potass. Bromid. ʒii.	Choral Hydrat. ʒi.
Aque Camph. ʒiii.	Syrup. Simpl. ʒi.

Liq. Opii Sedat. ʒ.

to give 8—10 drops in each dose.

Sig. tablespoonful every hour until an impression is made.

Twenty-four hours afterwards symptoms of inflammation in the neighborhood of the diaphragm and of the bowels made their appearance, but the patient speedily recovered.

Dr. Newman remarked that the influence of the mind on digestion is well established; in the case reported the sufferer had taken a considerable amount of ingesta, digestion was arrested and the food became a source of irritation. He knows no specific but has found musk in ten grain doses to produce happy results.

Dr. Rumbold mentioned the case of a hospital nurse who was suddenly attacked with singultus, which annoyed him for four days when he died. The autopsy revealed an abscess at the cardiac end of the stomach.

Inherited Syphilis; Large doses of Potas. Iodid. Dr. Hodgen called attention to some cases of inherited syphilis which he had reported some time ago; he then reported that the disease had appeared in the older children only, at the present time he has under treatment a younger child of one of the patients, in which the malady has been inherited from the mother.

He also called attention to the large doses Potas. Iodid. which the system will bear; one of his patients takes one and a half ounces daily, with good results. In other cases the same effect is produced by small quantities.

The remedy must be pushed from small to larger doses.

Dr. Newman reported a case in point, in which two doses of seven grains each had produced all the symptoms of iodism. Concerning the Hot Springs for which some claim a curative influence on syphilis he said that large doses of Potas. Iod. together with mercurial frictions are used, whereas the water puts the system in a condition in which it is more susceptible to remedial agents.

Dr. Bryson has a patient under treatment in whom one fourth of a grain of Potas. Iod. produced iodism.

One twelfth of a grain was administered and the dose gradually increased and when one fourth of a grain had been taken all the good effects were produced. The Hot Springs in his opinion benefit syphilitic patients by ameliorating the rheumatic and gouty affections to which they are usually subject.

In answer to a question of Dr. Montgomery as to the expediency of combining Mercurials with Potas. Iodid., Dr. Prewitt stated that he had frequently administered the two combined without any bad results. He always unites a tonic with them. He related a case of syphilis which had been transmitted from the father without affecting the mother. The girl is now 12 years old and has been under observation for ten years. Nodes which made their appearance about a year ago on the ribs and forehead yielded to large doses of Potas. Iodid.

Dr. McPheeters—Iodine is peculiarly applicable to the secondary and tertiary forms of the disease. He is in the habit of administering a pill containing the Protiodide of Mercury at night and the Potas. Iod. during the day. On account of relieving the rheumatic pain in Syphilis anodyne properties have been ascribed to the Iodine.

Dr. Newman counselled great care in combining the Protiodide, because it is very easily converted into the Biniodide which is dangerous sometimes in very minute doses.

Dr. Hughes mentioned himself as a case peculiarly susceptible to the influence of Iodine. Painting a wart on his finger with the tincture had produced iodism.

April 24th.

The society convened at the usual hour, the President Dr. Scott in the chair.

Deformed fetus. Dr. E. M. Nelson exhibited the specimen with the following remarks: The mother

is seventeen years old. According to her calculation she should have been confined about the first week in July. She complained of more or less pain for ten days before labor came on; was delivered at noon. There was an excessive amount of amniotic fluid. No attempt at respiration was observed nor any pulsation of the fetal heart.

The head is nearly as large as that of a fœtus at term and apparently contains a considerable quantity of fluid.

The length of the fœtus is thirteen and one half inches, corresponding to the period of development computed from the last menstruation. Upon the ulnar border of the right hand there is a supernumerary digit and at a corresponding point of the other hand a small pedunculated cartilaginous tumor. There are six toes upon the left.

The right foot presents a talipes varo equinus and the left foot a talipes valgus.

There is a decided sinistral curvature of the whole body, more especially noticeable in the lower extremities where the left knee is bent outward, so that the motion at the knee joint is lateral instead of being antero-posterior. There is partial ankylosis of both knee joints.

The character of the curvature, together with the occurrence of the talipes in both feet turning toward the left would suggest pressure from the uterus in the earlier months of pregnancy as the cause of the deformities.

Dr. Holgen. This is one of those rare cases in which the deformity is due to the position which the child occupied in the uterus. The fact that the deviation occurs laterally speaks against the supposition that it might be due to muscular contraction; if it were so, the deviation would occur in the line of flexion. In another case he had found an enchondroma, similar to the one which exists in this case; for some reason or other the proposed operation was deferred and the tumor disappeared. They simulate fibrous tumors of the uterus, which become pedunculated and finally drop off.

Dr. Steele. Statistics prove that the deformity can-

not be due to the position of the child *in utero*; sometimes one member only is deformed or other abnormalities may exist; the cause must be looked for in the nervous system. If the child had lived there would no doubt have been paralysis of some set of muscles.

Dr. Faber. The enchondroma found on the hand of the child goes to prove that an increased quantity of cartilaginous tissue has caused the deformity of the legs.

Dr. Johnston. Abnormalities have been ascribed to various causes such as fright etc.; our discussions about the probable causes of arrested development must necessarily be speculative, because they are beyond investigation.

Dr. Hughes. It is possible that mechanical pressure may have given direction to the deformity; but a cause must have existed anteriorly and this cause had its origin primarily in the nervous system.

Dr. Kennard. The child *in utero* is surrounded by water and it is therefore impossible for it to be affected by mechanical pressure.

Dr. Hodgen. If the deformity were symmetrical we might attribute it to a fault of the nervous system. Surgeons are constantly making use of pressure to correct deformities and it can easily be conceived how they can be produced by it.

Dr. Johnston. The pressure of the womb is equal in all its parts; the child is not in contact with the uterus, if it were, labor would be brought on. Besides we are told in this case that an unusual amount of water was present. No one will attempt to account for the development of the additional toe and the arrest of development of the muscles on one side by mechanical pressure.

Dr. Prewitt. The deformity no doubt began very early and must be attributed to a combination of nervous and mechanical influences.

F. J. LUTZ, Recording Secretary.

MADISON COUNTY MEDICAL SOCIETY.

The Madison County Medical Society met at Edwardsville, Illinois, Monday, May 7th, 1877. Dr. A. M. Powell of Collinsville in the chair. Minutes of the last meeting read and approved.—Charles E. Fairman M. D. of Alton was admitted to membership. Whole membership thirty-three.

Dr. E. W. Fiegenbaum of Edwardsville read a paper on the use of plaster of Paris in fractures. The Medical Bill before the Legislature introduced by Mr. Rainey was in the absence of any thing better endorsed by the society.

The following officers were elected for the ensuing year:

President, A. M. Powell of Collinsville.

Vice Pres., E. C. Lemen of Upper Alton.

Secretary, J. M. Amstury of Edwardsvill.

Treasurer, E. W. Fiegenbaum of Edwardsvile,

Censors, Jos. Pogue of Edwardsville.

W. A. Hackell of Alton,

E. Gulich of Alton.

Adjourned to meet semi-annually. Meeting in Alton first Monday in November 1877.

A. M. Powell, President.

J. Anestry, Secretary.

Reviews and Bibliographical Notices.

THE MICROSCOPIST. A Manual of Microscopy and Compendium of the Microscopical Sciences Micro-mineralogy, Micro-chemistry, Biology, Histology, and Pathological Histology. Third Edition. Rewritten and greatly enlarged, with two hundred and five illustrations. By J. H. Wythe, A. M., M. D., Professor of Microscopy and Biology in the Medical College of the Pacific, San Francisco. Philadelphia: Lindsay and Blakiston. 1877. 8vo., pp. 259.

The matter of epitomizing and compendiating micro-

scopy is beginning to be quite unpleasantly overworked.

The purchaser who depends upon Compendiums, is in as much need of the tenth as of the second; and a slight difference in make-up, of illustration or other contents will be likely to entice him to purchase it only to find his knowledge but slightly complemented. His acquirements will be a heterogeneous patch-work of the true, the antiquated and the positively false.

This Compendium, in its third enlarged edition, aims only to present the briefest and most elementary outlines of its wide range of subjects, as introductory to more extended research. If studied sufficiently thoroughly, in this view, and dropped soon enough, it is probably as good as any work of its aim.

D. V. D.

A COURSE OF PRACTICAL HISTOLOGY. Being an introduction to the use of the Microscope. By Edward Albert Schäfer, Assistant Professor of Physiology in University College London, with Illustrations on wood. Philadelphia: Henry C. Lea. 1877. small 8vo., pp. XVI, 304.

A plain, full, practical working-book for the *preparation* of animal tissues in the study of Histology. It is an excellent manual to lie upon the Histologist's work-table.

D. V. D.

TRANSACTION OF THE AMERICAN GYNÆCOLOGICAL SOCIETY. Vol. I for the Year 1876. Boston: Published by H. O. Houghton and Company, Cambridge: The Riverside Press. 1877. 8vo. pp. VIII, 396.

This volume is exceedingly creditable to the American Gynæcological Society, and to the publishers. Even an enumeration of its contents, or of the various papers, would occupy too much space here, and special notice of a few might seem invidious. While the reader will not be likely to agree with all, as the Society does not hold itself responsible for any of the views enunciated in the papers, yet the "Transactions" will be found in the

library of all professed gynæcologists, and may well have a place on the shelves of those engaged in general practice. The next volume will contain a complete Bibliography of the current gynæcological and obstetrical literature of all countries from July 1, 1876, to Jan. 1, 1877.

D. V. D.

Books and Pamphlets Received.

TWO CASES OF OESOPHAGOTOMY. By LeRoy McLean, M. D.

SOLUTION AND ABSORPTION OF MEDICINES. By J. W. Compton, M. D.

HE HOLDS THE FORT OF HEAVEN. By F. W. Helmick. Music Dealer, Cincinnati, Ohio. Price 40 cents.

THE UNITED STATES PHARMACOPOEIA AND THE AMERICAN MEDICAL ASSOCIATION. This pamphlet will be sent to any Physician who will enclose address, and a three cent stamp to Dr. H. C. Wood, 1631 Arch St. Philadelphia, Pa.

THE SPECIALTY OF DISEASES OF WOMEN. By Clayton E. Wing, M. D.

THE RELATIONS OF ANCIENT MEDICINE TO GYNÆCOLOGY. By Edward W. Jenks, M. D.

SURGICAL OBSERVATIONS, WITH CASES AND OPERATIONS. By J. Mason Warren, M. D., New York: Wm. Wood & Co.

THE WOODRUFF SCIENTIFIC EXPEDITION AROUND THE WORLD. 1877—9.

REMARKS ON SULPHATE OF QUININE. By Alexander H. Jones, M. D.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS SECOND ANNUAL SESSION.

"TOUCH me Gently, Father Time." Is the title of a new and beautiful song and chorus, by CHARLEY BAKER, author of the famous "*He Holds the Fort of Heaven*." Dealers are ordering it by the thousand. The whole country will soon be singing "*Touch me Gently Father Time*." Any music dealer will mail you this beautiful song for 40 cents. Published by F. W. HELMER, 50 West 4th St., Cincinnati, O.

A CASE of Abdominal Pregnancy Treated by Laparotomy. By T. Gaillard Thomas, M. D.

THE Prophylactic Treatment of Placenta Prævia. By T. Gaillard Thomas, M. D.

THE Woman's Hospital in 1874. A reply to the printed circular of Drs. Peaslee Emmett and Thomas. Addressed to the Medical Professor May 5th 1877. By J. Marrión Sims, M. D.

HISTORY of a case of Recurring Sarcomatous Tumor of the Orbit in a Child. Illustrated, by Thomas Hay M. D.

ON the Diagnosis of Urethral Stricture, by Bulbous Bougies. By J. W. White, M. D.

THE CURE OF RUPTURE REDUCIBLE and Irreducible, also of Varicocele and Hydrocele. *By New Methods.* By George Heaton, M. D., member Massachusetts Medical Society etc., etc. Arranged and edited by J. Henry Davenport, A. M., M. D., Boston: Published by H. O. Houghton and Company, New York: Hurd and Houghton, Cambridge; The Riverside Press, 1877.

(For sale by Gray, Baker & Co.)

TRANSACTIONS of the American Gynecological Society Volume I. for the year 1876. Boston: Published by H. O. Houghton and Company, Cambridge: The Riverside Press, 1877.

Notes and Abstracts from Recent Surgical Literature.

Trephining in Fracture of Cranium.

M. Berger (*New York Medical Journal*, April 1877) reported a case of recovery, from depressed fracture of the skull followed by convulsions, coma, and spasmodic contractions of the upper extremity, without trephining. He prefers the expectant plan of treatment and cites by the way of support the statistics of Dr. Bluhm taken from 925 cases of trephining. The later the operation was deferred the better the results according to the figures given; *e. g.* primary trephining gave 57.14 per 100 mortality; Secondary trephining a mortality of 40 in 100; late trephining only 16 deaths in 100. M. C. Sedillot (*A. M. Jour. Med. Sciences*) has recorded an exactly opposite opinion. He considers that in fracture of the internal table of the cranial vault with displacement of fragments trephining is the only means of preventing complications that are almost invariably fatal. Of 106 cases collected by the author 77 were trephined 29, not. Nine operations were preventive *i. e.* before the occurrence of complications appearing on the first day; 68 were curative, to relieve the complications of paralysis, loss of consciousness, convulsions and coma; 20 were done in the first five days after the injury, 47 at a later period. Of the 106 cases there was no fracture of the outer table in 24 cases, and in most of the cases there was at first little disturbance, and the injuries were regarded as slight. In the 29 cases of splintered fractures, and not trephined there were 28 deaths and 1 recovery; of the 77 trephined 29 recovered, 48 died. Nine preventive trephinings gave 6 recoveries 3 deaths; 68 curative operations, 24 recoveries, 44 deaths; of these the 24 done in the first five days gave 8 recoveries, 13 deaths, 47 done later gave 15 recoveries 32 deaths.

The mortality was in proportion to the delay in trephining; two thirds of those operated on by preventive trephining were saved; more than one third when operated on in the first five days; less than one third when the operation was later; only 1 in 29 survived in those cases where the trephine was not used.

A new method of curing Popliteal Aneurism.

Dr. Martin Burke (*New York Medical Journal*, June 77) describes at some length a new apparatus for the cure of popliteal aneurism. A conical bag is made of canvas in the shape of a cone, its apex about one inch in diameter. Either a rounded piece of cork or india rubber is accurately fitted to the inside of the apex of the cone. A long thin rod reaching down to and resting upon the cork or rubber in the bag should be inserted and held directly in the middle of the cone while the shot is being poured around it and until the requisite weight is attained, say about twelve pounds. A piece of canvas of the requisite size with a hole cut in its center for the passage of the rod is now tightly stitched over the base of the bag. A stout wire hook is firmly fastened to the center of the base of the cones, also to the rod as it emerges from that point to prevent it slipping from its bed, and tabs having been sewed to the conical point of the bag it is ready for use. A small pulley is driven into the ceiling through which is passed a rope, both ends of which are to be attached to the hook in the shot bag—with this difference that one end is passed through rings fastened to the rod and helps in a measure to keep it in place. To the free extremity of the outer end of the rope rubber tubing is secured from a hook in its free end. A large linked chain connects it with the hook in the center of the base of shot bag. The chain is merely to regulate the amount of pressure which it may be desirable to employ. The shot bag is suspended over the patient by the means above described, and the apex placed upon the femoral

artery near the base of Scarpa's triangle. The pressure being regulated by the hook and chain.

Immediate cure of piles.

Mr. Reeves of Edinburgh (*Canada Med. Record* May '77) has adopted a plan of treating internal piles to which he has given the term "immediate cure." The piles being well down are punctured to their basis by the conical tip of the gas cautery (Dr. Pagnelius). The number of the punctures varies with the number and size of the piles, a pile the size of a walnut requiring two or three. A dull red heat should be employed and the point of the instrument is to be gently rotated, while it is within the tumor otherwise a portion of the eschar will be withdrawn and hæmorrhage may ensue. Ulcers or fissures should be cauterized at the same time. The piles are then returned and a half-grain morphia suppository inserted. Dr. Geo. Wood (*Canada Medical and Surg. Journal* June, 1877) recommends the following method. Draw down the piles and inject three to fifteen drops of equal parts of Carbolic Acid and oil.

The pile immediately whitens and feels like a piece cheese. Give morphia hypodermically for a day or two and then move the bowels with the following R. Powd. Senna leaves; licorice root; fennel seeds; Washed sulphur aa ʒi white sugar ʒj M. Dose a teaspoonful every six hours until it operates, and then a teaspoonful at night for a short time. He describes several cases—among others one of 27 years standing cured by this method in one weeks time.

Treatment of Glandular swellings and abscesses. M. Quinart (*Canada Medical Record* May '77) has had excellent success in twelve cases of adenitis which he has treated in the hospital of Ghent by means of blisters.

He is not content with attacking simple enlargement of glandular tissue, at the outset with a series of blisters but he employs the same treatment when pus has already formed. When suppuration is already advanced and

threatens to perforate this skin he punctures the sack at the most dependent part of the tumor where the instrument must traverse a large extent of healthy cellular tissue. When the sack is emptied it is covered by a blister which overlaps it on all sides by one or one and one half inches. On the next day the blister is dressed with mercurial ointment; as soon as the skin begins to cicatrize a second blister is applied, if necessary a third or fourth until resolution ensues or the accumulated fluid reabsorbed.

Dr. H. B. Sands (*New York Medical Journal* 1877,) has contributed an interesting and exhaustive article on the treatment of Intussusception by abdominal section with the report of a case in which the operation proved successful. The case referred to occurred in his private practice and was operated upon at the expiration of 18 hours from the commencement of the attack.

The Dr. concludes that the success which has already been obtained in the operation of abdominal section for intussusception is sufficient to justify its repetition when other means have proved unavailing.

Simple mode of checking epistaxis. The following simple expedient is mentioned in the *Tribune Medical* as being often successful even after plugging the nares, injection perchloride of iron etc. have failed. An emetic given to the extent of producing vomiting will permanently check the epistaxis (*New York Medical Journal*).

Traumatic Tetanus Cured Chiefly by Curare.

In a case of traumatic tetanus under the care of Mr. Durham at Guy's Hospital, curare was administrated hypodermically at intervals of three hours during fourteen days. The Medicine lessened the frequency and severity of the fits. The dose at first was 1-200 of a grain increased to 1-100 and 3-200 of a grain. Eserine was tried without any apparent benefit. The only other medicine used were two 1-4 gr. doses of morphine hydrochlorate and three one dram doses of succus conii.—

(*Canadian Journal Medical Sciences*).

HOW TO PREVENT HÆMORRHAGE AFTER USING ESMARCH'S BANDAGE.—Dr. Riediner (*Deutsche Zeitschrift für Chirurgie*) believes that the capillary hæmorrhage which so frequently follows the removal of the elastic bandage is due to paralysis of the vaso-motor nerves, and to the fact that through constriction, the blood being forced entirely from the part operated upon, no coagulation of the blood takes place. The author has had satisfactory results from the use of electricity to the nerves which supply the vessels of the part. He recommends the application of the induced current before the removal of the bandage—the poles terminating in sponges, one to be placed on the wound and the other to be passed over the nerves which distribute branches in the bandaged part.

R. E. Beach.

EXTIRPATION OF BRONCHOCELE. (*Canada Medical and Surgical Journal*). Bruberger records a case of total enucleation of a hyperplastic thyroid gland, weighing 375 grms. (11.7 oz.) in a man 18 years of age. The enlarged organ had compressed the trachea on both sides, causing intense dyspnoea. The operation was rendered difficult inasmuch as the patient had to sit up and could only take chloroform at intervals. The hæmorrhage was slight, and under antiseptic treatment the large wound was in a few days healed, a small opening only remaining, and the patient got up on the 6th day.

Statistics are given of all cases hitherto published, from which we learn that of 82, in which the whole tumor was removed—but probably not the whole thyroid—28 died; of 17 cases in which the total extirpation was certain, 2 died; 25 partial excisions, 5 died. The entire mortality amounts to 27 per cent, and it appears that the removal of the entire thyroid, if more difficult was not more dangerous than partial excision. The latter operation should always be undertaken when only a single

lobe of the gland is affected. The etiology of the partial degenerations of this gland is still unknown. In unsuccessful cases the fatal result is due to excessive loss of blood during the operation, or to subsequent inflammation and suppuration. The use of antiseptic treatment is beneficial.

Symptoms of pressure on neighboring organs form the chief indication for operation, and even the large size, broad base, and deep position about the jugulars of the tumor, advanced by Lücke as contra-indications, are not so in reality, for the impending suffocation will itself necessitate an operation, not without danger.—*Deutsche Militärarzt. Zeicher.*

EXTRACT FROM CLINICAL LECTURE.

OF Dr. S. WEIR MITCHELL,

Delivered at Infirmary of Nervous Diseases at Philadelphia, May 4 h 1877.

“As to drugs, I shall give him only iron and not the sub-carbonate of the U. S. Pharmacopœia which we usually employ, but the dialyzed iron—a neutral solution of the peroxide, with which I have been experimenting largely of late. It is commonly given in doses of thirty or forty drops a day, which would be a small dose, as the solution contains twenty four grains to the ounce. I use it however, as I use most iron preparations, in far larger doses, and have given it freely by the drachm or the half-ounce, without its causing annoyance. The preparation is certainly tolerated well by some people who do not bear other forms of iron, and as it does not blacken the teeth, or in any way affect the bowels, I have been altogether pleased with it. Its freedom from unpleasant taste is also no mean advantage. The foreign forms of the dialyzed iron are sometimes objectionable, on account of their price, their taste, and the uncertainty of their quality. These objections do not apply to the admirable specimens of the drug as it is now made, on a large scale by John Wyeth & Bro., of this city.”

OXIDE OF ZINC IN OBSTINATE DIARRHŒA.

Dr. Bonamy, of Naners, relates, in the *Bull. de Therap.* some cases confirmatory to the great and speedy utility of oxide of zinc in obstinate diarrhœa that has resisted various remedies. He employs the formula recommended by Prof. Gubler, who first used the remedy for this purpose, viz., three grammes and a half (fifty-three grains) of the oxide, combined with half a gramme (eight grains) of bicarbonate of soda, and divided into three or four doses, one to be taken every three hours. The addition of the soda prevents the production of vomiting by the zinc.

CYANIDE OF MERCURY IN DIPHTHERIA.

Dr. A. Erichsen on the strength of twenty five cases in which he tried it, strongly recommends minute doses of cyanide of mercury (*hydrargyrum cyanidum*) in diphtheria. He believes in the efficacy of mercury abridging the duration of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic children, from a year old, may be treated for weeks without any such disturbance occurring, if it be given in doses of one-forty-eighth of a grain thrice daily. In diphtheritis, Dr. Erichsen has used it at various ages—from seven months to fourteen years—as well, as in adults, and in all the cases it was well borne. In a short time the membranes became thinner, and less adhesive so that even where they had spread into the larynx and induced obstructions with cyanotic coloring of the face, they still separated and rendered the larynx free again.

This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide and the local application of hot

sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and penciling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age, children to their third year requiring only one-ninety-sixth of a grain, and older children and adults one-forty-eighth of a grain every hour during the day, and every two hours during the night. The following is the formula employed:—

R	Hydrarg- cyan.,	gr. j
	Aque destil.,	ʒvj
	Syr. simp.	ʒss

A half or a whole teaspoonful every hour.

Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheric process was arrested.

DERMATOLOGICAL MEETING.

The first Annual Meeting of the AMERICAN DERMATOLOGICAL ASSOCIATION will be held at Niagara Falls on the fourth of September next.

The titles of all papers to be read at any annual session should be forwarded to the secretary; not later than one month before the first day of the session.

JAMES C. WHITE, M. D., PRESIDENT.

Editorial.

The first of the series of meetings held by the Doctors recently in Chicago, was that of the Provisional Association of American Medical Colleges, which was convened on Saturday, the 2d of June.

The attendance was fair—some thirty colleges being represented—The meeting seems to have been harmonious in the work of constructing a new inquisitorial machine and trying a few blank cartridges by way of experiment; we predict however that the first *telling charge* will burst the institution into as many fragments as it was originally composed of.

Let them try the *bomb-shell* of an *examination prior to matriculation*! We confess to no disappointment should utter failure attend this attempt to bring into line all medical schools and discipline the *irregular*. They will never get beyond “dress-parade.” Improvement of some medical schools is too much like that of some *Indian Tribes*, best effected by annihilation.

The next meeting in order was that of the editors of Medical Journals of the United States, which seems to have been of usual interest. The President in his annual address approved of the appointment of *State Boards of Examiners* as the best plan of protecting the people and profession, from incompetent doctors now flooding the country, and thought such boards were urgently needed. Dr. John P. Gray of Utica was elected Pres. Dr. L. Conner of Detroit Vice Pres. Dr. F. H. Davis Sec. held over. The Association adjourned till next year.

The side-shows being over, on Tuesday morning June 5th, at 11 o'clock Dr. J. Marion Sims, (the President) stepped to the front, called the assembly to order, in a short pleasing address concluding with a few words of eulogy for the president elect, Dr. H. I. Bowditch, who came forward and with words fitly chosen, introd-

need the father and founder, (Dr. Davis) of the association now in its twenty eighth year.

Dr. Davis was very happy in his welcome address, displaying that earnest enthusiasm and strong common-sense everywhere so characteristic of him "he was happy to welcome the men whose mission was to bind up the wounds of friend and foe to heal and not to destroy."

After Dr. Davis' address of welcome came the President's annual address, not with a "flourish of trumpets" but abounding in wise suggestions for the improvement of the association, which were well received and referred to a special committee for consideration and future action.

In the afternoon of Tuesday at three o'clock commenced the work of the sections. No. 1 Practical Medicine, was called to order by the Chairman Dr. P. G. Robinson of St. Louis who read a paper on the progress of medicine during the past year. He said it had been fully shown that accumulations of sewerage and the like became centres of contagion. A terrible out break of typhoid fever in Lancashire, England, (which was reported on by one of the Government Inspectors,) affected fifty-six families out of fifty seven using milk supplied from one dairy. It was found that the cows drank from a brook polluted by the discharge into it of faecal matter. The attention of the Association was called to an article in the July number of the *American Medical Journal*, where the cure of a case of rabies canina, by the use of *vorara*, was reported by Dr. Watson, of Jersey City. Several persons were bitten by the same dog, and a servant-girl died of unmistakable rabies. In the other case the disease was not developed until five days after the girl's death, and the fact of her disease was well known to the other patient. In his case, however, there was no aversion to water shown, and for that and some other reasons a number of physicians held that it was not a true case of hydrophobia. The great question to be settled was that of diagnosis.

Dr. Robinson then passed to a consideration of the use of salicine and salicylic acid in the treatment of acute inflammatory rheumatism. These had been used with great advantage in various hospitals both abroad and at home, and there was no doubt that a means of alleviating this terrible disease had been found.

During the past year several new drugs had been brought into use, while in several cases remedies formerly applied, but which had fallen into disuse, had been revived, and with good effect.

In the section on surgery Dr. Hodgen read a paper on the value of extension in the treatment of fractures of the femur; he described the usual treatment for such a fracture, and pointed out the faults of plaster cases and pulley apparatuses. Lateral supports he pronounced to be valuable only to prevent angling. Continuous extension, by means of force not varying in power, was essential. It was not to be found in elastic extension, the name of which showed that the power could not be constant. Friction vitiated the pulley apparatus, oblique suspension he deemed to be the only suitable method. The exact pressure required could be obtained by varying the obliquity of the suspending cord till the patient was out of pain. In twenty-four hours a child 5 years old would learn the amount of extension under which comfort could be obtained, and would maintain it. Fortunately, the amount of extension needed is what the comfort of the patient requires. The patient will naturally adapt his position to the lessening contraction of the muscles. Dr. Hodgen's conclusions were: 1, continuous extension in oblique fractures of the femur is essential to the best results; 2, this is not to be secured by lateral supports of any kind; 3, this can be secured by suspending the limb; 4, suspension furnishes the best means to allow motion to all parts of the body.

This paper was discussed all the afternoon, and at the close of the debate the following resolution was adopted:

Resolved, That it is the opinion of this section that shortening in cases of fracture of long bones is the rule in practice, regardless of any of the plans of treatment now in use.

In section 5 State Medicine and public hygiene Dr. Seguin read a paper on the importance of teaching more physiology and public hygiene in our schools. Dr. J. L. Cabell of Virginia read a paper on the etiology of Enteric fever.

The *Tribune* said: This essay was marked among other things, by an able discussion of the claims advanced popularly, and by some of the profession, as to alleged protection against typhoid fever to be found in the presence of malaria. The reader quoted from a large number of correspondents, some of whom asserted strongly their entire belief in the freedom from typhoid enjoyed in malarious regions, and vice versa; and others claimed to have found both forms coexistent in many cases. Dr. Cabell dwelt to some extent upon the causes leading to typhoid forms of fever in country districts, speaking of decayed vegetable and animal matter, the drying or partial drying of ponds and small streams, among other potent factors in the consideration of this much-dreaded disease. He also concluded that the reference of the disease to defective sewerage was too often too general, and that investigation should be made into other and less recognizable causes.

The paper was received with applause and discussed at some length by Drs. Cummings, of Cincinnati; Hoar, of Maryland; Plummer, of Rock Island; Woodward, U. S. A. Pratt, of Michigan; and Foreman, of Missouri.

Many other papers of merit were read which we have not space to notice. The Pharmacopœia discussion was indulged in by Drs. Squibb and Wood until Dr. Davis submitted a resolution for its *indefinite postponement* which was carried by a large majority. Officers elected for the ensuing year were, for President Dr. T. G. Richardson of Ia., Vice Presidents Drs. White, Gunn, Russett, and Dunlap. The social entertainments provided by the profession of Chicago were truly elegant and sumptuous.

The next place of meeting is Buffalo, New York.

Meteorological Observations.

By A. WISLIZENUS, M.D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 p. m. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—JUNE, 1877.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	66.0	85.5	18	72.0	95.0
2	65.0	86.5	19	73.5	95.9
3	62.5	76.0	20	72.0	95.0
4	64.5	72.5	21	70.0	93.0
5	62.0	71.0	22	65.5	85.0
6	62.0	81.0	23	64.0	86.0
7	67.0	81.5	24	66.0	88.0
8	65.0	82.5	25	75.0	92.5
9	49.5	61.0	26	66.5	85.0
10	47.0	77.0	27	70.5	90.0
11	56.5	73.0	28	67.5	88.0
12	53.5	81.0	29	69.0	91.0
13	63.0	89.0	30	76.5	91.5
14	68.0	89.5			
15	71.5	87.5	Means	65.8	84.8
16	71.0	94.0			
17	72.0	88.5	Monthly Mean	75.8	

Quantity of rain: 7.72 inches.

Mortality Report.--City of St. Louis.

From May 19, 1877, to June 23, 1877, inclusive.

Infantum Cholera	8	Abcess Lumbi	1	Pleuritis	1	Infant	1
Diarrhoea	10	Gangrene	1	Valv. Dis. of Heart	6	Dehydration	2
Dysentery	3	Hydrocephalus	1	Rheumatism	2	Leuc. Neonatorum	2
Erysipelas	1	Phthisis Pulmon.	10	Bronchitis	9	Spina Infida	1
Croup	3	Scrophula	1	Cong. of Lungs	6	Epiglott. M. tritis	1
Diphtheria	7	Tuberc. Mesenterica	2	Haemoptysi	1	Convulsions	2
Fever, Congestive	6	Tub. Entecis	1	Laryngitis	1	Fever	1
" Intermittent	2	" Meningitis	4	Edema Glottidis	1	Debility (S. m. c.)	9
" Remittent	5	Apoplexy (Cerebr.)	1	Pneumonia	21	Asthma	1
" Scarlet	5	" (Cerebral)	3	Typhoid	3	Fr. cl. re. of Skull	3
" Typhoid	1	Cong. of Brain	14	Asthma	1	Drowned, accidental	4
" Typho-Malarial	2	Convulsions (Infant)	27	Ascites	1	Killed by Fall	1
" Typhus	6	" (Infant)	27	Enteritis	2	Overlying by no h-	1
Pneumonia	2	Epilepsy	1	Gastro-Enteritis	4	" "	1
Septicemia	3	Inflammation of	1	Gas. tritis	2	Poisoned by Lead	1
Whooping Cough	8	Brain	1	Peritonitis	1	Starbed	2
Syphilis	2	Meningitis	11	" pathic	1	Strangled (Acciden-	1
Alcoholism	3	Myelitis	11	Cirrhosis of Liver	3	" "	2
Insanition	1	Meningitis Cerebro	1	Hepatitis	3	Scalded	1
Anaemia	1	" Spinal	11	Intussusception	2	Gunshot	2
Anaemia	1	Softening of Brain	2	Nephritis	3	Drowning	3
Cancer, Breast	1	T. L. as (Rhopathic)	1	" "	3	" "	3
" " "	1	Trismus Sacrum	1	M. tritis (not Pacer)	1	Total Deaths	386
" " "	5	Dropsy (Abdom.)	1	" "	1	Under five years	165
" " "	2	Atrophy of Heart	1	Atrophia Pulmo-	1	" "	29
Marasmus	16	Fatty Degeneration	1	" "	1	First born	1
Rauismism	1	" of Heart	1	" "	1	Premature Birth	18

JAS. O'GALLAGHER, Clerk Board of Health.

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*A Pure Neutral Solution of Peroxide of Iron in the Colloid Form.
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IRON

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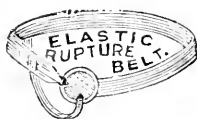
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The Regular Session will commence on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

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LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

W. T. Lusk, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynecology.

WILLIAM P. FOLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN BOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otolaryngology.
JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$170 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter Courses of lectures may be admitted at the end of their second course upon Maternal Medicine, Physiology, Chemistry and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

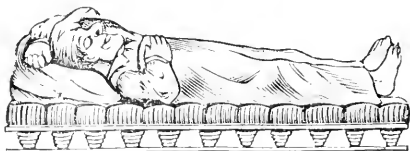
For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

“BEST ON EARTH.”

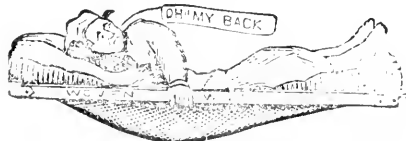
—THE—

Dowel Spring Bed.

One-third of life is spent in bed, and it is important that the bed should be both comfortable and healthy. The DOWEL has 140 cone spiral springs, will not sag, but retains the body in a straight and natural position.



A bed like this



will throw the body out of shape, cause pains in the back and spinal disease.

We call the attention of Physicians to these facts, and by all Physicians who have examined our bed, it is pronounced the best bed made for the sick. It is ventilated, hence cool; superior to the water bag for the sick, as it prevents bed sores, by *distributing the bearing of the body equally on the bed.*

We will supply these beds to Physicians for their bed ridden patients on trial, and not to be paid for unless they are satisfactory.

Read the following certificate from Dr. Catlett, Superintendent and Physician at the State Lunatic Asylum No. 2, at Saint-Joseph Mo.:

STATE LUNATIC ASYLUM, ST. JOSEPH, MO., }
July 25th, 1876. }

Having examined the Dowel Spring Bed, I cheerfully say that I believe it to be the best Spring Bed made.

GEO. C. CATLETT,
Supt. and Physician.

Send for circulars, or call and examine.

GEO. M. JACKSON & CO.,

306 North Seventh St., St. Louis, Mo.

ST. LOUIS SANITARIUM

(Chartered June, 1876.)

227 CHOUTEAU AVENUE, St. Louis, Mo.

A hospital for the treatment of Diseases of the Nervous System, and the reformation or temporary care of those suffering from the use of Liquors, Opium and other Narcotics.

J. W. LUKE, President; E. O. STANARD, Vice-President; D. BARTLETT, Secretary;
J. A. J. ADERTON, Treasurer; C. T. WIDNEY, M.D., Resident Superintendent.
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SAVORY & MOORE,

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Begin to call the attention of
the Profession to some of
their important preparations,
of which the purity and
strength are guaranteed.



PANCREATIC EMULSION.

The approved remedy for Consumption; also where wasting, loss of power of Digestion and Assimilation are prominent symptoms.

PANCREATINE WINE AND POWDER.

For digesting Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

BEST FOOD FOR INFANTS,

as supplied to the Royal Families of England and Russia, supplying the highest amount of Nourishment in the most Digestible and Convenient form.

DATURA TATULA, for Asthma and Chronic Bronchitis

prepared in Cigarettes and all other forms for Smoking or Inhalation. Highly commended by all who have prescribed it.

SAVORY & MOORE'S DISCS. A New Medium

for HYPODERMIC ADMINISTRATION. The following are now ready in small tubes, separately, or in cases containing half a dozen tubes:—Anæsthesia, Atropia, Salicin, Strychnine, Ergotine, Morphia, &c.; Also,

OPHTHALMIC DISCS. Atropised, Calabarised, &c.

Originated by Messrs. SAVORY & MOORE, and which have now been in general use in all parts of the world for half a century.

Patented for both Europe and United States.

FOR SALE BY THE LEADING DRUGGISTS IN AMERICA.

Pure Bausgency Stock Vaccine Virus, SUPPLIED TO PHYSICIANS.

Ivory Points or Quills, each.....	\$.25
Package containing ten.....	2.00
Capillary Tubes, each.....	from 75 cents to 2.00
Crystals, each.....	from \$2.00 to 5.00

sent fresh by mail to any Physician's address, on receipt of price. A written guarantee sent with each package.

SHEPARD & DUDLEY,

Importers and Manufacturers of and Wholesale Dealers in
Surgical Instruments and Rubber Goods of Every Description,
150 WILLIAM STREET, NEW YORK CITY.

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DR. WADSWORTH'S
UTERINE ELEVATOR.



The most simple and practical of any Stem Pessary ever invented; made of India Rubber without LEAD, unirritating, of easy application, and undaintly keeps the womb in its natural position. The first-class Physicians in Providence, and eminent Practitioners in every State, highly recommend it.

A pamphlet describing it, and testimonials of distinguished Physicians, also Price List, sent on application. Beware of similar articles sold on the great reputation of the above. Price \$5. sent by mail per receipt of the price.

H. H. BARRINGTON,

Sole Proprietor, PROVIDENCE, R. I.

Also for sale in St. Louis by A. M. LESLIE & Co., and dealers in Surgical Instruments generally.

E. SCHEFFER,
APOTHECARY AND CHEMIST,
LOUISVILLE, KENTUCKY.

Manufactures by his improved method **SACCHARATED PEPSIN**, which has proven its superiority over other Pepsins by its greater strength, its stability and uniformity and by its almost entire tastelessness.

DRY PEPSIN, concentrated, of which one gr. digests from 125 to 150 grains of coagulated albumen, particularly recommended to manufacturers. Premiums were awarded to the above preparations at the

International Exposition at Vienna in 1873,
—and the—

CENTENNIAL EXPOSITION IN PHILADELPHIA.

R. A. ROBINSON & CO., Wholesale Agents,
LOUISVILLE, KY.

LONG ISLAND COLLEGE HOSPITAL,

BROOKLYN,

KINGS COUNTY, NEW YORK,

SESSION OF 1876-7.

The Collegiate Year in this Institution embraces a **READING and RECITATION TERM** and a **REGULAR TERM OF LECTURES**.

The **READING and RECITATION TERM** will commence the first week in October, and close at the commencement of the Regular Term.

The **REGULAR TERM** will open the first week in March, and close the last week in June following.

For circulars address

DEAN or REGISTRAR.

LACTOPEPTINE.

The most important Remedial Agent ever presented to the Medical Profession for all Diseases arising from Imperfect Nutrition.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle.

FORMULA OF LACTOPEPTINE.

Sugar of Milk, - - - 20 Ounces.	Veg. Ptyalin or Diastase, 1 Drachm.
Pepsin, - - - 4 "	Lactic Acid, - 2½ fl. Drachms.
Pancreatine, - - 3 "	Hydrochloric Acid, 2½ fl. "

POWDER AND MIX.

REPORT OF THE CHEMICAL ANALYSIS MADE BY PROFESSOR H. C.
BARTLETT, PH. D., F. C. S.

Laboratory, 7, South Square, Gray's Inn, London, W. C.

22nd February, 1876.

*I have examined with great care the sample of **LACTOPEPTINE** submitted to me, and in the investigation I have not merely tested the various digestive principles of which it is composed, but have made the most careful estimate of the accuracy of the proportions in which they should exist as aids to digestion. I have not rested satisfied with any mere chemical analysis, but have submitted the samples of **LACTOPEPTINE** to the practical tests of ascertaining the amount of digestion they will perform upon various kinds of food, which were artificially maintained at a temperature as nearly as possible that of the body. I have also endeavoured to corroborate these by a great number of direct applications in cases of *Dyspepsia*. The result of the entire investigation may be condensed in a few words. I find that fifteen grains of **LACTOPEPTINE** is a sufficient quantity to digest as much hardened fibrin as would be likely to form part of any ordinary meal. With the more easily digestible Albumen, and the softer fibrous portions of mixed food, the work done is equally satisfactory. The emulsifying power of **LACTOPEPTINE** prevents any free fat from appearing on the surface of the digested food, which presence of a pellicle of undigested fat cannot be prevented by taking any of the ordinary preparations of Pepsin. The addition of Diastase is also of great value, as an indisposition to digest starchy foods is one which is more frequently recognisable than is generally believed. Taken in combination, therefore, the various principles contained in **LACTOPEPTINE** can safely be relied on to assist impaired digestion, so as to enable a sufficient quantity of food substance to be assimilated in all cases when the natural secretions of digestive principles have been, as is so frequently the case, inadequate to accomplish this essential function of life.*

*The efficacy of **LACTOPEPTINE** appears to me, to some extent, to depend upon the dilution of the active principles by a considerable proportion of soluble substance. On this account an apparently larger dose may be prescribed, but in this diluted form its action is more evenly carried out throughout the whole of the food-mass in the stomach, instead of concentrating its action, or rapidly dissolving the first portion, and leaving the rest altogether undigested.*

*I therefore lay greater emphasis upon the result of my investigations, inasmuch as I have found, that the preparation of **LACTOPEPTINE** contains within itself all the principles required to promote a healthy digestion.*

I am, dear sir, faithfully yours,

H. C. BARTLETT, Ph. D., F. C. S.

PROFESSIONAL OPINIONS OF LACTOPEPTINE.

From over One Thousand commendatory letters received from physicians enumerating cases which had been treated successfully with LACTOPEPTINE, and in many of which Pepsin alone had failed to benefit, we select the following ; and for greater convenience to the Professional reader, we present them according to the specific diseases to which they refer.

Dyspepsia.

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's
Hospital.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical
Anatomy, and Lecturer on Materia
Medica and Therapeutics and
Clinical Medicine, Bellevue Hos-
pital Medical College.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice
of Medicine, University of the
City of New York.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York
Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

Assistant Demonstrator of Anatomy,
Bellevue Hospital Medical College.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery
and Clinical Surgery, Bellevue
Hospital Medical College.

F. LE ROY SATTERLEE, M. D. Ph.D.,

Prof. of Chem., Mat. Med., and
Therap. in the N. Y. College of Dent. ;
Prof. Chem. and Hygiene in the Am.
Vet. College, &c., &c.

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

"I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach."

N. KEELER MORTON, M. D.

SPENCER'S ISLAND, NOVA SCOTIA, March 2d 1876.

"I have used your LACTOPEPTINE, and fairly tested its virtue, and have found it especially valuable both in dyspepsia and gastro-intestinal diseases."

KENNEDY MUNRO, M. D.

MT. PLEASANT, MAURY CO., TENN., March 1st, 1876.

"I have used LACTOPEPTINE extensively in cases of debility of the stomach, and gastric irritation. In combination with quinine and iron, as an anti-periodic in intermittent fever, I find it supersedes anything I have ever used."

HENRY SOWG, M. D.

PAYNESVILLE, MEADE CO., KY.

"I gave the sample of LACTOPEPTINE you sent me last fall to a patient of mine that was suffering with indigestion, and it cured him."

JAS. M. O'BRYAN, M. D.

114 STOCKTON STREET, SAN FRANCISCO, CAL.

"I have the honor to acknowledge the receipt of a small package of LACTOPEPTINE, and having used the medicine am well pleased with the results; its effects are all the most sanguine could wish."

D. C. PORTER, M. D.

WEST NEWFIELD, ME., June 14th, 1875.

"LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions."

STEPHEN ADAMS, M. D.

UTICA, CLARK CO., INDIANA, Jan. 5th, 1876.

"Send another ounce of LACTOPEPTINE, the sample you sent me did all you said it would."

JACOB BRUNNER, M. D.

GRAND RAPIDS, WOOD CO., OHIO, Jan. 4, 1876.

"I am much pleased with the LACTOPEPTINE, having found nothing, during a practice of over thirty years, among the new preparations that promise to be of more benefit both to the afflicted and the profession."

G. W. BELL, M. D.

CANAAN FOUR CORNERS, COLUMBIA CO., N. Y., Dec. 29th, 1875.

"Having tried LACTOPEPTINE in two severe cases of dyspepsia of long standing, permit me to offer my mite of praise. It is, in my opinion, all you claim for it, and I earnestly hope it will obtain the extensive sale it so well deserves. It is a boon to the physician."

GEORGE W. SMART, M. D.

MESSES. REED & CARNICK.

Dear Sirs :—I am happy to state that I have given your samples of LACTOPEPTINE a fair trial, and I do not hesitate to speak of it in the highest terms. It is an admirable preparation and I have found it in every respect, what you claim for it. I am convinced that for the treatment of Dyspepsia there is nothing to surpass it. I have also given it when the stomach was in such an irritable condition that food could not be retained, and with very beneficial results. I can recommend it to my professional brethren as a most valuable preparation. Yours, &c.,

C. E. FRITES, M. D., Resident Physician, Kings Co. Hospital.

MEDON, MADISON Co., TENN., Dec. 14th, 1875.

"I used the sample sent me in a case of dyspepsia, which acted like a charm ;
relieved the case at once."

D. H. PARKER, M. D.

—o—

NEWTON, IOWA, May 10th, 1875.

"I have been using LACTOPEPTINE for several months, and after a careful
trial in stomach and bowel troubles, find that it has no equal. In all cases of indi-
gestion and lack of assimilation, it is a most splendid remedy."

H. E. HUNTER, M. D.

—o—

BRANDON, VT., March 31st, 1875.

"I desire to say that I have used LACTOPEPTINE for a year, not only on my
friends, but also in my own case, and I have found it one of the most valuable aids
to digestion that I have ever used."

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children,
Vermont Med. College.

—o—

LIBERTY, Mo., October 12, 1875.

"I used the parcel you sent me, and was well pleased with its action in a case of
Chronic Hepatitis, with a want of the assimilative power to nourish the patient, not-
withstanding a good appetite. She needed the principle furnished by LACTOPEP-
TINE."

W. F. RECORDS, M. D.

—o—

"In a very large class of diseases, the functions of the stomach are more or less
impaired, and will not assimilate or take up the medicines indicated ; in all such
cases LACTOPEPTINE comes in as a valuable adjuvant and relieves the difficulty."

JAMES M. WILSON.

—o—

CORTLAND, DEKALB Co., ILLS., September 16, 1875.

"The case of the lady which I commenced treating for Dyspepsia with LACTO-
PEPTINE in July last, is progressing so favorably that it is no longer necessary to con-
tinue the remedy regularly. Pain and distress after eating all gone; and nervous
prostration very much improved. For about two years she had suffered from dim-
ness of vision, but now she can use her eyes for hours at a time in reading or sewing
without any inconvenience or fatigue. I regard it as decidedly an important remedy
in the treatment of Dyspepsia."

G. W. LEWIS, M. D.

—o—

STONES PRAIRIE, ADAMS Co., ILLS., August 9, 1875.

"I received a small package of LACTOPEPTINE, which I have been prescribing
as directed, and from its good results induces me to send for more. I am well con-
vinced that I will be able to furnish you with one of the most astounding cures by
its use that is on record."

A. J. MILLER, M. D.

Vomiting in Pregnancy.

FORT SCOTT, KANSAS, February 3, 1876.

"To-day I have heard from my patient, a case of violent vomiting in pregnancy
of several months standing, and which has resisted all remedies human ingenuity
could prescribe. The LACTOPEPTINE has proved a charming success, she being
much relieved, and in fact the vomiting has ceased."

LOUIS GRASMUCK, M. D.

SARDINIA, ERIE CO., N. Y., October 23, 1875.

"Some time since I received a sample of LACTOPEPTINE to try, and I must say I never saw so much good from so small an amount of medicine before. It afforded immediate relief in an obstinate case of vomiting from pregnancy when everything else had failed."

JOHN COLE, M. D.

—o—

CONTOCOOK, N. H., November 25th, 1874.

"After a thorough trial, I believe LACTOPEPTINE to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best success. The relief has been immediate in every instance.

GEORGE C. BLAISDELL, M. D.

—o—

MOUNT CARMEL, PA., October 26, 1875.

"I have been prescribing LACTOPEPTINE for the last three months with best results; in the morning sickness attending pregnancy it has not its superior."

W. J. HASS, M. D.

KINGS COUNTY HOSPITAL, FLATBUSH, L. I.

I willingly add my testimony to your list regarding the preparation called LACTOPEPTINE. Excellent results have been obtained from its use in Dyspepsia, Gastritis, and obstinate Vomiting in this institution, during the past four months."

Yours respectfully,

HOWARD L. WILDER, M.D., Resident Physician.

Cholera Infantum.

MT. MORRIS, N. Y., November 4, 1875.

"I have been using LACTOPEPTINE in my practice among children, and this is the first summer in a practice of 25 years, that I have passed without losing a case of Cholera Infantum."

B. G. STEPHENS, M. D.

—o—

ELLIOTSTOWN, EFFINGHAM CO., ILL., August 26, 1875

"The sample of LACTOPEPTINE I received, and can now give evidence that you have filled a vacancy in the Materia Medica to the perfect satisfaction of the Profession. Diseases of infants and children are my specialty. I have found a great friend in your preparation in all cases of Cholera Infantum."

G. SCHMIDT, M. D.

—o—

LOUDONVILLE, ASHLAND CO., OHIO.

"I have been using LACTOPEPTINE for the past year, with most satisfactory results, and have cured many cases of Cholera Infantum, and that too after other physicians had utterly failed to relieve.

WM. H. WIRT, M. D.

—o—

CHILLICOTHE, MO., September 4, 1874.

"I have used LACTOPEPTINE this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, Cholera Infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used."

J. A. MUNK, M. D.

FORT DODGE, IOWA, November 15, 1874.

"I have fairly tried during the past summer and fall, your LACTOPEPTINE, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro intestinal* diseases of children

W. L. NICHOLSON, M. D.

—o—

EDDYVILLE, WAPELLO Co., IOWA, May 5, 1875.

"I have used the LACTOPEPTINE in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child, three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of LACTOPEPTINE, and in a few days the child was well. I could not practice without it."

F. C. CORNELL, M. D.

Chronic Diarrhœa.

ROODHOUSE, ILLS., October 18, 1875.

"I have been using your LACTOPEPTINE, and find it superior to any article in the treatment of Indigestion following severe Dysentery and Diarrhœa that I have yet met with. I have also prescribed it in Dyspepsia with very satisfactory results."

W. H. VEATCH, M. D.

—o—

NEW ANTIOCH, CLINTON Co., OHIO, Dec. 12th, 1875.

"Having a patient who had recently come under my care who had been suffering at intervals for several years with chronic diarrhœa and indigestion, I gave her the sample of LACTOPEPTINE you sent me. After taking the medicine for one week, her husband reports that she never had any medicine to do so much good."

J. M. RANNELLS, M. D.

—o—

BLUE GRASS, IOWA, Nov. 3d, 1875.

"I received a small amount of LACTOPEPTINE by mail, and succeeded in curing a case of chronic diarrhœa, which two of our best physicians had exhausted all their skill upon and failed."

J. GADD, M. D.

—o—

BARTLETT, OHIO, Oct. 4th, 1875.

"I have been administering LACTOPEPTINE in a case of chronic diarrhœa, resulting from indigestion, and it is doing good service."

ALEX. H. BRILL, M. D.

—o—

FLUSHING, L. I.

"I will now give, in brief, an epitome of a case recovering under the use of LACTOPEPTINE. She was a married lady, who five years ago became afflicted with diarrhœa which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with LACTOPEPTINE, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering

I shall only add that the more my experience in its varied applicability extends, the more its beneficial effects appear."

J. KING MERRITT, M. D.

Neuralgia arising from Indigestion.

ONEIDA, NEW YORK, August 18, 1875.

"My wife has been at times a great sufferer from Neuralgia of the facial nerves, always traceable to derangement of the digestive organs.

"After receiving your sample powder of LACTOPEPTINE I ordered a trial of it, which she has taken with what she considers a beneficial effect, and would not now be without it."

I. N. FITCH, M. D.

LYNNVILLE, TENN.

"I have had in my care for three years one of the most painful cases of indigestion and neuralgia of the stomach I have ever seen. The case was in many respects unusual. The pain coming periodically, was almost insupportable, producing rigors and almost producing convulsions. I used every remedy that I could think of, all the means usually used to relieve such diseases failed. I had the most eminent physicians called in, and every suggestion they offered utterly failed. About the 1st of October you sent me a package of LACTOPEPTINE, and I gave it more in despair than in hope it would do any good, but you cannot imagine my amazement and gratification to find that my patient made rapid strides towards recovery, and in a month he was relieved, having gained strength and flesh."

J. E. FRY, M. D.

Lactopeptine compared with Pepsin.

SULPHUR SPRINGS, HOPKINS CO., TEXAS, November 13, 1875.

"My wife has been suffering very much with Dyspepsia for six years. I have used Pepsin with some benefit, but nothing has ever given relief like LACTOPEPTINE."

E. G. PATTON, M. D.

—o—

DERBY, VT., Sept. 9th, 1875.

"I have used the LACTOPEPTINE as prepared by you for a year and a half. In several cases where Pepsin failed me, the LACTOPEPTINE acted like a charm. I believe, from my experience, that it is more reliable than Pepsin, and will sooner or later supersede it. No physician can afford to be without it." J. H. PECK, M. D.

—o—

ESSEX, ESSEX CO., N. Y. June 21st, 1875.

"Accept thanks for the specimen of LACTOPEPTINE you sent last week. It is a preparation that I am certain from its composition will be very useful to me. I have used Pepsin for a few years past, which has rendered me efficient service, but your preparation contains important additional elements, which will give it a wider field of application and in a more desirable form."

E. R. CHASE, M. D.

—o—

CONTOCOOK, N. H., November 25th, 1874.

"In some of the worst cases of Cardialgia, heretofore resisting all other treatment, LACTOPEPTINE invariably gave immediate relief. It has accomplished more in my hands than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used LACTOPEPTINE in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses."

GEORGE C. BLAISDELL, M. D.

—o—

MO. VALLEY, IOWA, November 12th, 1874.

"Some months since I saw in a medical journal a notice of your LACTOPEPTINE. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that 'the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken.' I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy."

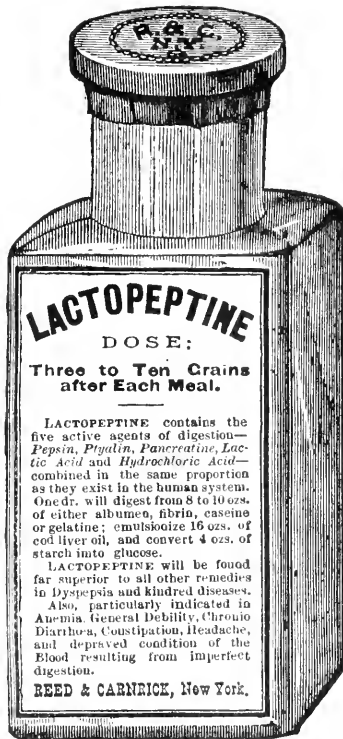
G. W. COIT, M. D.

LACTOPEPTINE.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.

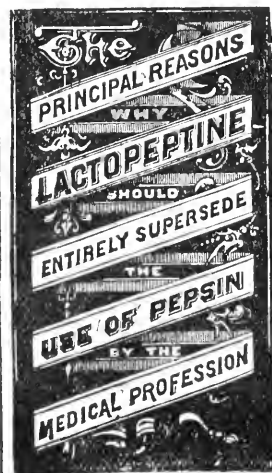


occasionally.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

To Test the Digestive Power of Lactopeptine in Comparison with any Preparation of Pepsin in the Market:

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsioize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

Prices of Lactopeptine by mail.

One ounce sent by mail, prepaid, on receipt of	\$1 00.
One pound " " " " " " " " " " " " " " " "	13 00.

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

July 1st, 1876.

Respectfully,

REED & CARRICK, Manufacturing Pharmacists,
198 Fulton Street, New York.

NEW PREPARATIONS.

TO THE MEDICAL PROFESSION.

We manufacture a full line of SUGAR COATED PILLS, FLUID EXTRACTS, ELIXIRS, SYRUPS, MEDICATED WINES and other PHARMACEUTICAL PREPARATIONS.

In the following pages we present several New Preparations, all of which have been thoroughly tested by the Medical Profession.

Fluid Extract Kidney-Leaf Comp.

FORMULA. { *Fluid Extract Kidney-Leaf, 15 ounces.*
Testa Mollusca, 2 ounces.
Nitrate Potassa, 320 grains.

DOSE.—For an adult, one tablespoonful from three to six times a day in a half tumbler of warm milk.

[The bowels should move at least once a day during the administration of this remedy.]

It affords us pleasure to be able to offer to the Medical Profession, a preparation which we believe to be of more importance than any remedy that has been brought to their notice for the past half century.

Some time since we became acquainted with an educated Japanese who had formerly practiced medicine in his native country, and who informed us that nearly all Kidney and Urinary Diseases were treated successfully in Japan, by the use of the first two ingredients of the above formula. We confess we were incredulous, but were so far interested as to obtain a sufficient quantity to thoroughly test it, before offering it to the Medical Profession. Since which time it has been used in twenty-one cases of Bright's Disease of the Kidneys with perfect success, not one of the above number having had any return of the disease, although the first person was treated nearly two years ago.

The disease had become chronic in most of these cases, and in each instance it was pronounced to be Bright's Disease of the Kidneys by several practitioners of the highest standing. The longest time required to successfully combat this disease by the use of this remedy, has been from four to eight weeks; but the microscopic and acid tests, with general improvement, will be most plainly observed within ten days.

It has been used with equal success in Dropsy, while the more simple forms of Kidney affections will yield in a few days under this treatment.

From the exhibition of this remedy in several cases immediately under our observation, we believe it will arrest the disease in all cases before the cell-membrane perishes in both kidneys, or before other complications have reached a stage so advanced as to preclude all hope of any other than a fatal termination.

All known remedies having hitherto proved so unsuccessful in the treatment of this disease, the above statements may seem too strongly stated, but a trial will certainly remove any incredulity, as it has been tested with the utmost care.

NOTE.—Our experiments in the use of this remedy in this country, has proved that the addition of Nitrate Potassa increases the efficacy of the original formula.

SUGAR COATED PILLS.

No article of Pharmacy requires more care than the manufacture of *Sugar Coated Pills*, and we believe we have brought this class of our productions to perfection. Our Pills are coated while the *mass is soft*, and we guarantee them to be more soluble than any Gelatine Coated Pills in the market. We also guarantee them always to be made of the best material and to contain invariably and identically the proportions represented on our labels.

We herewith present several new and valuable formulas, all of which have been thoroughly tested in practice.

100
SUGAR COATED PILLS,
Comp. Cathartic
(NEW.)

FORMULA.

Gamboge, Po.,	$\frac{3}{8}$ gr.
Aloes, Po.,	$\frac{1}{2}$ "
Mandarin Root, Po.,	$\frac{3}{4}$ "
Jalap, Po.,	$\frac{3}{8}$ "
Capericum, Po.,	3-16 "
Castile Soap,	$\frac{1}{2}$ "
Oil Peppermint,	1-16 "

DOSE.--One to Three.

Reed & Carnrick,
NEW YORK.

This new Comp. Cathartic Pill can be furnished at about one-half the price of the ordinary Comp. Cathartic Pills in the market, and we believe it will be found equal to them in every respect. It acts effectually without pain.

One hundred sent by mail, prepaid, on the receipt of 25 cents.

100
SUGAR COATED PILLS,
Hepatica Co.

FORMULA.

Leptandrin,	$\frac{1}{2}$ gr.
Hydrastin,	$\frac{1}{2}$ "
Insin,	3-16 "
Rhubarb,	$\frac{1}{2}$ "
Henbane,	$\frac{1}{2}$ "
Ext. Nux Vomica,	$\frac{1}{2}$ "

DOSE.--One to Three.

PREPARED BY
Reed & Carnrick,
NEW YORK.

The above Pill has been used with invariable success in functional disarrangement of the Liver, either of a chronic or mild form. We believe there is no combination that will excel it for the purposes designed.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

100
SUGAR COATED PILLS,
HEADACHE.

FORMULA.

Lactopeptine,	1 gr.
Guarana,	$\frac{1}{2}$ "
Bi. Carb. Soda,	1 "
Cynripedin,	$\frac{1}{2}$ "

DOSE.--Two to Four.

PREPARED BY
Reed & Carnrick,
Manufacturing Pharmacists,
NEW YORK.

We believe there is no combination that can excel this in those Headaches resulting from foul stomachs and disordered conditions of the nerves.

It has been used with the happiest effects in those periodical Headaches common to females.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

100
SUGAR COATED PILLS,
ANTI-CHILL COMP.

FORMULA.

Chinoline,	1 gr.
Lactopeptine,	$\frac{1}{2}$ "
Cayenne,	$\frac{1}{2}$ "
Camph,	$\frac{1}{2}$ "
Salicyl. Acid,	$\frac{1}{2}$ "
Podophyllin,	1-16 "
Ceraeen,	$\frac{1}{2}$ "

DOSE.--1 to 3, 3 times a day.

PREPARED BY
Reed & Carnrick,
NEW YORK.

This Pill is designed as a perfect substitute for Quinine in Chills and Fever, and we respectfully invite a rigid comparison.

We consider Lactopeptine an important ingredient, for in these cases the stomach is not usually in a suitable condition to properly digest and appropriate the remedy given.

It can be furnished at about one-third the price of Quinine.

One hundred sent by mail, prepaid, on the receipt of 60 cents.

100
**SUGAR COATED
PILLS,
SALICINE**

TWO GRAINS.
DOSE,--One to Three.

PREPARED BY
Reed & Carnrick,
Manufacturing Pharmacists,
NEW YORK.

Used as an Antiperiodic, Tonic and Febrifuge. It has recently been discovered that it possesses qualities superior to any remedy known in acute Rheumatism and Rheumatic Fever. Salicylic Acid is equally as efficacious, but its effects are not so pleasant.

One hundred sent by mail, prepaid, on the receipt of \$2.00.

100
**SUGAR COATED
PILLS,
Phosphide
ZINC CO.**

Zinc, Phos., 1-10 gr.
Ext. Nux Vom., $\frac{1}{4}$ "
DOSE,
One, 3 times a day.

REED & CARNRICK,
NEW YORK.

We confidently believe that this Pill will rapidly take the place of the Phosphorus Pills in the market. It acts more kindly, producing no irritation of the stomach, and is believed to be more reliable in Anaphrodisia.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

100
**SUGAR COATED
PILLS,
ANTI-
CONSTIPATION**

Juglandin, $\frac{1}{4}$ gr.
Lep tandin, $\frac{1}{4}$ "
Strychnia, 1-200 "
Henbane, $\frac{1}{8}$ "
Podophyllin, $\frac{1}{8}$ "
Castile Soap, $\frac{1}{8}$ Q. S.
DOSE,--One to Four.

REED & CARNRICK,
NEW YORK.

These Pills are designed to restore the bowels to a normal condition, by removing the causes of constipation. In some cases it is advisable to administer one or two doses of a more powerful Cathartic, after which continue the use of these Pills for a week or two.

One hundred sent by mail, prepaid, on the receipt of 60 cents.

100
**SUGAR COATED
PILLS,
STRYCHNIA
COMP.**

FORMULA.
Strychnia, Po., 1-100 gr.
Phosphorus, 1-100 "
Cannab. Ind., Ext. 1-16 "
Ginseng, 1 "
Iron, Sub-Carb., 1 "
DOSE,--One to three.

REED & CARNRICK,
NEW YORK.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve power.

One hundred sent by mail, prepaid, on the receipt of 80 cents.

100
**SUGAR COATED
PILLS,
HELONIAS
COMP.**

FORMULA.
Helonin, $\frac{1}{8}$ gr.
Caulophyllin, $\frac{1}{4}$ "
Viburnin, $\frac{1}{8}$ "
Mitchella Repens, $\frac{1}{16}$ grs.
DOSE,--Two to Six

PREPARED BY
Reed & Carnrick,
NEW YORK.

Used as a Uterine Tonic to overcome the tendency to habitual abortion, and other disarrangements of the Uterus. They are also used with the happiest results for several weeks previous to parturition. They act as a Uterine Tonic, remove cramps, and decidedly facilitate labor. They will be found to produce positive results in the above affections.

One hundred sent by mail, prepaid, on the receipt of \$1.30.

100
**SUGAR COATED
NIGHT
SWEAT
PILLS.**
(O. C. SMITH, M.D.)

FORMULA.
Oxide of Zinc, $\frac{1}{8}$ gr.
Salicine, 1 "
Hydrastin, 1 "
Lactopeptine, $\frac{1}{8}$ "
DOSE,--One

PREPARED BY
Reed & Carnrick,
Manufacturing Pharmacists,
NEW YORK.

These Pills have been used largely and with great success by Dr. O. C. Smith. They are admirably suited to allaying the trembling nervousness, want of digestive tone, and inability to sleep of drunkards.

One hundred sent by mail, prepaid, on the receipt of \$2.00.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

EACH FL. OZ. CONTAINS:

Sulph. Magnesia,	-	-	-	-	1	dr.
Senna,	-	-	-	-	2	"
Scammony,	-	-	-	-	6	grs.
Jalap,	-	-	-	-	10	"
Liquorice,	-	-	-	-	1	dr.
Ginger,	-	-	-	-	3	grs.
Coriander,	-	-	-	-	5	"

With Flavoring ingredients.

DOSE.—Child, five years old, one or two teaspoonfuls; Adult, one or two tablespoonfuls.

This preparation was originated to meet the demand of Physicians for a palatable liquid Cathartic. It is readily taken by children and adults, without nausea, and operates freely without pain. The Cathartic ingredients are so perfectly controlled by this combination, that it acts as mildly as Castor Oil.

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MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our institution. It acts effectively and kindly, without irritation or pain.

H. M. HARLOW, M. D.

GLYCEROLE YERBINE COMP.

Each ounce contains 1 drachm Yerbine, (from *Yerba Santa*,) $\frac{1}{2}$ drachm Grindelia Robusta, 10 grains Bromide Potassium, $\frac{1}{2}$ drachm Wild Cherry, 1 drachm Liquorice, 5 grains Tar and 5 grains Salicylic Acid.

DOSE.—FOR ADULTS—One to two teaspoonfuls.

Used in recent or chronic Coughs, Colds, Bronchitis, Catarrh, Asthma, and all Pulmonary affections.

YERBINE is an active principle of the leaf of *Yerba Santa*, a plant that grows abundantly on the Pacific Coast. It is a resinous principle, and we believe possesses greater healing properties in Pulmonary Affections, than any article known to the Medical Profession. It has been thoroughly tested in this City by many of our leading Physicians.

It is palatable to administer, and is furnished at a price that will bring it within the reach of all classes of practice.

FLUID EXTRACTS.

In the manufacture of Fluid Extracts there are three essential points in producing a reliable preparation, all of which are followed with scrupulous care in our Laboratory.

- 1st. The selection of material that possesses the full medicinal properties.
- 2nd. The entire exhaustion of the drug.
- 3rd. The use of a menstruum in each case that will hold the medicinal properties in perfect solution.

—:O:—

We manufacture largely Private Formula of Sugar Coated Pills, and other preparations. (Send for quotations)

—:O:—

Sugar Coated Pills, Troches and Powders can be securely sent by Mail.

—:O:—

We guarantee all goods of our manufacture in every respect.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,
198 FULTON STREET, NEW YORK.

FOUGERA'S

COMPOUND



IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE and PHOSPHORUS.

This oil possesses not only the nourishing properties of Cod Liver Oil, but also the tonic, stimulant and alterative virtues of IODINE, BROMINE, and PHOSPHORUS, which are added in such proportions as to render FOUGERA'S COD LIVER OIL FIVE TIMES STRONGER and more efficacious than pure Cod Liver Oil.

Fougera's Ready-made Mustard Plasters

A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1, of pure mustard; No. 2, of half mustard. Each kind put up separately, in boxes of 10 plasters.

FOUGERA'S

Iodo-Ferro-Phosphated

ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principle of anti-scorbutic and aromatic plants, and acts as a *tonic, stimulant, emenagogue*, and a *powerful regenerator of the blood*. It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

Fougera's Compound Iceland Moss Paste

Iceland Moss, Lactucarium, Opium, and Tolu.

Used with great success against nervous and convulsive coughs, Whooping Cough, acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

FOR SALE BY DRUGGISTS EVERYWHERE.

E. FOUGERA & CO., New York,

Wholesale Agents

ESTABLISHED 1856.

A. M. LESLIE & CO.,

Manufacturers of and Wholesale and Retail Dealers in

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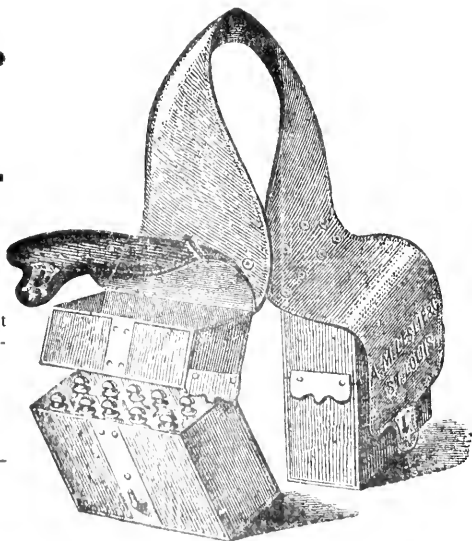
Saddle Bags.

(Patented March 21, 1871.)

The most complete, compact and durable bags in the market, also the cheapest.

Send for Descriptive Circular.

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